## 2000 UNIFORM BUSINESS REPORT (UBR)

THE KINETIC GROUP, INC.  Frincipal Place of Business  Mailing Address S880 SW 82 ST MAMMI FL 33143  2. Principal Place of Business  Suite, Apri. #, etc.	For
Principal Place of Business  Mailing Address  881 \$ DIXIE HWY  328  MIAMI BEACH FL 33139  2. Principal Place of Business  3. Mailing Address  661 \$ S. DIXIE HWY  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Applied  Not Appl  4. FEI Number  65-0738778  Applied  Not Appl  5. Certificate of Status Desired  88.75 Additional Fee Required  6. Name and Address of Current Registered Agent  CADENAS, MARIA I  5890 SW 82 ST  MIAMI FL 33143  City  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, speed or printed name or registered agent and bite if applicable  (NOTE: Registered Agent signature required when remotating)  DATE  9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	licable
### State ### St	licable
Suite, Apt. #, etc.  Suite, Ap	licable
City & State    City & State	licable
CADENAS, MARIA I 5890 SW 82 ST MIAMI FL 33143  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent of the purpose of changing its registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  Country  MIAMI F DADE  5. Certificate of Status Desired Agent Status Desired Agent Status Desired Agent Status Desir	licable
6. Name and Address of Current Registered Agent  CADENAS, MARIA I 5890 SW 82 ST MIAMI FL 33143  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)  PATE  Signature. typed or printed name of registered agent and title it applicable  FER Required  Fee Required  7. Name and Address of New Registered Agent  Name  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature. typed or printed name of registered agent and title it applicable  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Added to Fee Will be \$550.00  Trust Fund Contribution.  Added to Fee Make Check Payable to Department of State	- <del>-</del>
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	1
TITLE VPS Delete TITLE Change A	Additio
NAME SUAREZ MARILL, JOSE E NAME	
STREET ADDRESS CITY-ST-ZIP MIAMI FL 93143 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	
MIAMITE 30140	Addition
NAME AGUIRRE MARIA J	
STREET ADDRESS 9820 NE 5TH AVE RD  STREET ADDRESS 9820 NE 5TH AVE RD  CITY-ST-ZIP MIAMI SHORES FL 33138  STREET ADDRESS 9820 NE 5TH AVE RD  CITY-ST-ZIP MIAMI SHORES FL 33138	
	Addition
NAME BEL-CADENAS, MARIA I CADENAS, MARIA I	
STREET ADDRESS 5890 SW 82 ST STREET ADDRESS 5890 SW 82 ST	
CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP MIAM, FL 33143	Addition
TITLE Delete TITLE Change A	Addition
STREET ADDRESS STREET ADDRESS	
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NAME NAME STREET ADDRESS STREET ADDRESS	
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NAME NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or directly supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or directly supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ICADENAS

ICADENAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date