

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028142

1. Entity Name

THE KINETIC GROUP, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90101 015 ***150.00

Principal Place of Business

Mailing Address

5890 SW 82 ST
MIAMI FL 33143
US

6619 S DIXIE HWY
326
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address
6619 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#326

City & State

City & State
MIAMI FL

Zip

Country

Zip
33143

Country

MIAMI-DADE

4. FEI Number

65-0738778

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CADENAS, MARIA I
5890 SW 82 ST
MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** Delete
NAME **SUAREZ MARILL, JOSE E**
STREET ADDRESS **5890 SW 82 ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** Delete
NAME **AGUIRRE, MARIA J**
STREET ADDRESS **9820 NE 5TH AVE RD**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **VPT** Change Addition
NAME **CADENAS, MARIA J**
STREET ADDRESS **9820 NE 5TH AVE RD**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **P** Delete
NAME **BEL-CADENAS, MARIA I**
STREET ADDRESS **5890 SW 82 ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **P** Change Addition
NAME **CADENAS, MARIA I**
STREET ADDRESS **5890 SW 82 ST**
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 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 trustee 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.

SIGNATURE: Maria I Cadenas **MARIA I CADENAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 **1/26/2000** 305-665-4730
Date Daytime Phone #