

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90481 022 ***150.00

DOCUMENT # **P97000086047**

1. Entity Name

ClUB Kendall, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2460 S.W. 137 Ave.

Suite, Apt. #, etc.

Suite 251

City & State

MIAMI Florida

Zip

33175

Country

USA

3. Mailing Address

2460 S.W. 137 Ave.

Suite, Apt. #, etc.

Suite 251

City & State

MIAMI Florida

Zip

33175

Country

USA

4. FEI Number

65-0786163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Kaba Moises III Esq**

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

2460 SW 137 Avenue

Suite 251

City

MIAMI

FL

Zip Code

33175

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

Moises Kaba

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Kaba, Moises
2460 SW 137 Ave. Suite 251
Miami FL 33175**

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Moises Kaba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

DATE

Daytime Phone #

CR2E034B (12/01)