

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100583

1. Entity Name

AMENDED UNIFORM BUSINESS REPORT

FILED

00 JUN 23 AM 8:41

J. KENT & ASSOCIATES, INC.

Principal Place of Business
2810 SW 122ND AVENUE
MIAMI
FLORIDA
33175

Mailing Address
2810 SW 122ND AVENUE
MIAMI
FLORIDA
33175

2. Principal Place of Business
2810 SW 122ND AVENUE

3. Mailing Address
P.O. BOX 2933

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0798509

Applied For
Not Applicable

Zip
33175

Country
FLORIDA

Zip
33175

Country
FLORIDA

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

KENT, JEREMY, H
439 SW 102ND AVENUE
MIAMI, FLORIDA 33174

Name
CATHERINE KENT
Street Address (P.O. Box Number is Not Acceptable)
2810 SW 122ND AVENUE
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

Catherine Kent

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

TITLE	D/P	<input checked="" type="checkbox"/> Delete
NAME	KENT, JEREMY, H	
STREET ADDRESS	16324 SW 83RD LANE	
CITY - ST - ZIP	MIAMI, FLORIDA 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE KENT	
STREET ADDRESS	2810 SW 122ND AVENUE	
CITY - ST - ZIP	MIAMI, FLORIDA 33175	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON KENT	
STREET ADDRESS	6601 SW 137TH CT, UNIT D	
CITY - ST - ZIP	MIAMI, FLORIDA 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Catherine Kent

CATHERINE KENT

6/19/00 305-220-8477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #