2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100583

1. Entity Name

AMENDED Uniform BUSINESS REPORT

J. Kent & Associates, Inc

FILED
01 OCT 25 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2810 SW 122ND AVENUE MIAMI FLORIDA 33175	2810 SW 122ND AVE MIAMI FLORIDA 33175
2. Principal Place of Business: 10621 N KENDALL DR	3. Mailing Address: 10621 N KENDALL DR
Suite, Apt. #, etc.: #120	Suite, Apt. #, etc.: #120
City & State: MIAMI	City & State: MIAMI
Zip: FLORIDA / Country: DADE	Zip: FLORIDA / Country: DADE

4. FEI Number: 65-0798509 — 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
CATHERINE KENT 2810 SW 122 AVE MIAMI, FLORIDA 33175	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 efects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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.

CR2E034 (11/00)

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P/D ☐ Delete NAME: CATHERINE KENT STREET ADDRESS: 2810 SW 122 AVE CITY - ST - ZIP: MIAMI, FL 33175	TITLE: D/V ☐ Change ☒ Addition NAME: ROBERT JACKSON STREET ADDRESS: 1135 THRUSH AVE CITY - ST - ZIP: MIAMI SPRINGS, FL 33166
TITLE: V/S ☐ Delete NAME: JASON KENT STREET ADDRESS: 6601 SW 137th CT UNIT D CITY - ST - ZIP: MIAMI, FL 33183	TITLE: ☐ Change ☐ Addition NAME: 300004677083--7 STREET ADDRESS: -11/13/01--01078--017 CITY - ST - ZIP: *****61.25 *****61.25
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY - ST - ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY - ST - ZIP:
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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 — 10/24/01 — 305 220 8477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1