

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006771

1. Entity Name

KENT MANAGEMENT S.P., INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90189 017 ***150.00

Principal Place of Business

11266 RIVERWOOD PLACE #32A
TWELVE OAKS CONDOMINIUMS
NORTH PALM BEACH FL 33408

Mailing Address

150 CHESTNUT STREET
1ST FLOOR
PROVIDENCE RI 02903

2. Principal Place of Business

3531 North East 30th Avenue

3. Mailing Address

56 Maple Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Warwick, RI

4. FEI Number

06-1505812

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

02888

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)