2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000061976

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State

	KENT CORPORATION				01-13-200)3 90103 013 *	**150.00
Principa	l Place of Business	Mailing Add		90 WE THE			
70 BAY (COLONY LN	Mailing Address 70 BAY COLONY LN		}			
FORT LA	UDERDALE FL 33308	FORT LAUDEDDALE	P				
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2. Princip	pal Place of Business	3. Mailing Address])	î Hi di n ibili Habin bin de
	341 N.OCCON BIND.	2841 N.O	C 01	7		<u> </u>	
Suite,	Apt. #, etc.		CEBV 191	7 d			r svene renti 19619 Elil (60
#	910	Suite, Apt. #, etc.			•		
ر& <u>برا</u> عم	State	' /7/0		_	☐ CHECK HE	RE IF MAKING C	HANGES
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2/2	308 Country USA	7in	SOSIE'	F /	65-08489	14	Applied For
09	308 USA	33208	Country				Not Applicab
_	6. Name and Address of Current Re	oristo and d	<u> </u>		Certificate of Status Desire	a 🗀 \$8	.75 Additional
1		gistered Agent			. Name and Address of Nev	Lan	Dag
SMITH,	ALLEN K		Name	54	11	V Hegistered Ager	nt
70 BAY	COLONY LANE		<u> </u>	7717	The Allen	K.	
FORT	ALIDEDDALE EL COCC		Street	Address (P.O	Box Number is Not Accepta	ble ₂	
י ואסי	AUDERDALE FL 33308		1-2			BIJU	
			-		71910		
			City	L			
the obliga	ve named entity submits this statement for the ations of registered agent.	Durnose of changing	<u>+7</u>	<u>: Laj</u>	derdale	FL 7	Pode and
, who could	allors or registered agent.	F - F - F - F - F - F - F - F - F - F -	its registered office o	r registered a	igent, or both, in the State of F	lorida. Lam famili	33308
SIGNATURE	:_				3.75	onde, ram amilia	ar with, and accept
	Signature, typed or printed name of registered agent and tit				6		
	and in	le if applicable. (NC	OTE: Registered Agent signati	ure required when	(Prinstating)		
	FILE NOW!!! FEE IS \$150.00					DATE	
Make Chec	er May 1, 2003 Fee will be \$550.00				9 Flooring O		
Marrie Bues	k Payable to Florida Department of Sta	ite			Election Campaign From Trust Fund Contribution	_	\$5.00 May Be
10.	OFFICERS AND DIRE	CTORS			1	را.	Added to Fees
TITLE	UPS		11.	AC	DDITIONS/CHANGES TO OFF	ICEDS AND DIDE	
NAME .	SMITH, ALLEN K	☐ Delete	TITLE				
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STREET ADDRESS 2. 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 changed, or on an attachment with a address, with all other like empowered.

NAME

TREET ADDRESS

TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/03

954-563-3163

☐ Change

☐ Addition