2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000062728 DOCUMENT

1. Entity Name

KENNER CONSTRUCTION INCORPORATED



FILED Mar 20, 2003 8:00 am { Secretary of State

03-20-2003 90144 048 ***158.75

TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITYLE TITLE CHANGE Addition CHANGE CITYLE CHANGE CITYLE CHANGE CITYLE CHANGE CHANGE Addition	, vertier			.0	\						
2. Principal Place of Businets Suits, Apt #, etc. Suits, Apt #, etc. City & State City & State Country Co	PO BOX 565	636	;;≟; RO,I	BOX :565636 🚋 🙉					The state of the s		Y. Water No.
Suits, Apt. #, 660. City & State City & State Country					ង ាល ស ខ	¥75.47,48. ₹78. ±9.5.					
City & State Ci	2. Principal f	Place of Business	3. Ma	iling Address						8 8 111 8 11811 18 8 1	8 11201 1211 1031
Street Robusts Stre	Suite, Apt	. #, etc.	Sui	te, Apt. #, etc.				☐ CHECK HERE	IF MAKIN	G CHANGES	3
Country	City & State			City & State			4. F	El Number 65-0849830			· ·
GOMBERG, KENNETH 13844 SW 92ND CT MIAMI FL 33176 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I sem familiar with, and accept the replications of registered agent, or both, in the State of Florida. I sem familiar with, and accept the replications of registered agent, or both, in the State of Florida. I sem familiar with, and accept the replications of registered agent, or both, in the State of Florida. I sem familiar with, and accept the registered with a probable to Florida Department of State of Florida. I sem familiar with, and accept the registered with a probable to Florida Department of State of Florida. I sem familiar with, and accept the registered with a probable to Florida Department of State of Florida Dep	Zip	Country	Zip	-	Country		5 . (Certificate of Status Desired	X		
GOMBERG, KENNETH 13644 SW 92ND CT MIAMI FL 33176 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent and size it suplicable. SIGNATURE SIGNATURE THE NOWNIT FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TO. OFFICERS AND DIRECTORS TITLE OP GOMBERG, KENNETH 13844 SW 92 COURT MAME SIREET ADDRESS CITY-ST-2P TITLE ORANGE SIREET ADDRESS CITY-ST-2P TITLE ORANGE SIREET ADDRESS CITY-ST-2P TITLE ORANGE SIREET ADDRESS CITY-ST-2P TITLE OPST GOMBERG, LEANETTE GOMB		6. Name and Address of Current	Register	ed Agent			7. N	lame and Address of New R	egistered	Agent	
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.						Name					
S. 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. I am sill with, and accept not oblight looks of registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent. Comparison of the purpose of changing its registered departs or the florida its statement for the purpose of changing its registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligations or registered agent, or both, in the State of Florida. I am sill with, and accept not obligation or registered agent, or both, in the State of Florida. I am sill with, and accept not obligation or registered agent, or both, in the State of Florida. I am sill with, and accept not obligation or registered agent, or both, in the State of Florida. I am sill with, and accept not obligation or registered agent, or both, in the State of Florida. I am sill with, and accept not obligation or registered agent, with, and accept not obligation of the product of the		*		Street Address (F	P.O. Bo	ox Number is Not Acceptable) .	- ·			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	MIAMI FL	33176									
SIGNATURE Signature Signa						City			FI	Zip Cod	e
Symble Proption or primed name of registered agreet auro Use of primed name of registered agreet auro Use of primed name of registered agreet auro Use of Registered Agreet agreet aurous use of Registered Agreet a	8. The above the obligation	e named entity submits this statement for tions of registered agent.	r the purp	oose of changing its	registered	office or registere	ed age	ent, or both, in the State of Flo	rida. Lam	familiar with,	, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE		and title if api	plicable (NOTE	: Registered Ar	Jent signature required a	when rei	nstating)	DATE		
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.				1		, on a grant of the grant of th	T		DAIL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D'OST GOMBERG, KENNETH MAMI FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRES	Afte	r May 1, 2003 Fee will be \$550.00	f State					· · ·			
NAME STREET ADDRESS CITY-ST-ZIP OMBERG, KENNETH 13844 SW 92 COURT MIAMI FL 33176 TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP OBelete NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TO CHange ADDRESS COTY-ST-ZIP TO CHANGE STREET ADDRESS COTY-ST-	10.	OFFICERS AND	DIRECTO	DRS	11.		ADI	DITIONS/CHANGES TO OFF	CERS AN	D DIRECTOR	S IN 11
STREET ADDRESS CITY-ST-ZIP TITLE DVST	TITLE	1		☐ Delete	TITLE			<u> </u>		Change	Addition
CITY-ST-ZIP MIAMI FL 33176								•			
NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33133 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						ı					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition
CITY-ST-ZIP CORAL GABLES FL 33133						DD0566					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		I FIGHUVE ISLE DHIVE, SUITE BUS CORAL GARLES EL 33133	•								
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	30.00	111 4	☐ Delete	TITLE		•			☐ Channe	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				NAME					unungu	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP									in in comment, the	- - ·	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OCHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						- 1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ORDESS CITY-ST-ZIP TITLE ORDESS CITY-ST-ZIP TITLE ORDESS CITY-ST-ZIP ORDESS CITY-ST-ZIP ORDESS CITY-ST-ZIP					-	ZIF TOWN		164			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				∟ Delete						∐ Change	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						DORESS					
NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					1					
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE	1 	**	☐ Delete	TITLE					Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME				NAME						
	STREET ADDRESS					1					
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3V/i). Florida Statutas, I further continued that the information				·				***			

indicated on this report or 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 10 or Block 11 if changed, or on an attacking the with an address, with all other like empowered.

SIGNATURE:

305.665-3222