

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90118 048 ***150.00

DOCUMENT # P98000093538

1. Entity Name

KALEN ENTERPRISES, INC.

Principal Place of Business

Mailing Address

BOX 8416
CORAL SPRINGS FL 33076P.O. BOX 8416
CORAL SPRINGS FL 33075-8416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870810

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

CARPIO, ANGELA
5630 NW 122 TERR.
CORAL SPRINGS FL 33076

Name

Street Address (P.O. Box Number is Not Acceptable)

10279 NW Sand St
City Coral Springs FL Zip Code 33076

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D CARPIO, ANGELA	5630 NW 122 TERR	CORAL SPRINGS FL 33076
		10279 NW Sand St	Coral Springs FL

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	TABORDA, ELKIN	10279 NW Sand St	Coral Springs FL 33076
Vice-President	TABORDA, Luis Fernando	9703 N.W. 37th Street	Sunrise FL, 33351

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2000

CR2E034 (9/99)