

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020954

1. Entity Name  
KINETIC TECHNOLOGIES, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90157 001 \*\*\*300.00

Principal Place of Business  
21482 S.W. 91ST AVE.  
MIAMI FL 33189

Mailing Address  
21482 S.W. 91ST AVE.  
MIAMI FL 33189

72123

2. Principal Place of Business  
7521 NW 77th Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
7521 NW 77th Terrace  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Medley FL  
Zip 33166 Country

City & State  
Medley FL  
Zip 33166 Country

4. FEI Number 65-0901507 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COMBEAU, JEAN P  
21482 S.W. 91ST AVE.  
MIAMI FL 33189

7. Name and Address of New Registered Agent  
Name  
MENDELSON, VICTOR H ESQ  
Street Address (P.O. Box Number is Not Acceptable)  
3000 TAFT ST  
City HOLLYWOOD FL Zip Code 33021

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 VICTOR H. MENDELSON  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)  
DATE 4/30/01

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		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMBEAU, JEAN P		NAME	IRWIN, THOMAS S	
STREET ADDRESS	21482 S.W. 91ST AVE.		STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ramon Portela	
STREET ADDRESS			STREET ADDRESS	7521 N.W. 77th Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Medley, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ELIZABETH R. LEBRE	
STREET ADDRESS			STREET ADDRESS	3000 Taft Street	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Judith W. Vetter	
STREET ADDRESS			STREET ADDRESS	3000 Taft Street	
CITY-ST-ZIP			CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Thomas S Irwin 4/30/01 954 9874000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)