2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am DOCUMENT # P99000092054 **Secretary of State** KENSINGTON BUILDERS, INC. 02-20-2001 90087 003 ***150.00 Principal Place of Business Mailing Address 11231 S.W. 1ST COURT 11231 S.W. 1ST COURT PLANTATION FL 33325 110019099 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) 2021 TYLER ST. HOLLYWOOD FL 33020 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. <u>67</u> Addition ☐ Defete TITLE TITLE LAWBONCE, PriceP NAME LAWRENCE, PHILIP NAME 11231 SW IST COURT STREET ADDRESS STREET ADDRESS 1243 NW 167TH AVE. 26EEE 27, CONFUNDID CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 Change ☐ Addition Delete TITLE LAWRENCE, DUBLIAM NAME LAWRENCE, DEBORAH NAME 11231 Su Ist Court STREET ADDRESS STREET ADDRESS 1243 NW 167TH AVE. CITY-ST-ZIP PLANTATION, PC 33335 CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PHILLP YWENCE PROJUNT