## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **P99000093124** 1. Entity Name KENDRA'S TRUCKING, INC. 09-18-2000 90037 009 \*\*\*550.00 Principal Place of Business Mailing Address 7361 NW 37 STREET 7361 NW 37 STREET LAUDERHILL FL 33319 LAUDERHILL FL 33319 DUUGIAA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional Fee Required -6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORMAN A LOBBAN PREVITI, PETER ESQ. Street A 5825 SUNSET DRIVE **SUITE 210** MIAMI FL 33143 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity s SIGNATURE DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. VICE PRESIDENT TITLE TITLE □ Defete LENOX G. PATTERON SIMPSON, HERMINE NAME NAME STREET ADDRESS 7361 NW 37 STREET STREET ADDRESS 906(NW 13 ST, PLANTATION, FL 933) City-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 Delete TITLE TITLE SONIA PATTERSON JOBIN FL 333> NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP TREASUREIL TITLE ~ ☐ Defete TITLE ☐ Change NAME NAME BANCHOFT SIMPSON STREET ADDRESS STREET ADDRESS 736/100 37 342887 CITY-ST-ZiP LAVDERHILL, EL 3331 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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