

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S41533**

1. Entity Name

**KENDALL CONSERVATORY OF MUSIC, INC.**

Principal Place of Business

Mailing Address

**7145 SW 117 AVE  
MIAMI FL 33183**

**7145 SW 117 AVE  
MIAMI FL 33183**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YEARGIN, EDNA EARLINE  
4931 SW 104 AVE  
MIAMI FL 33183**

Name

**YEARGIN, EDNA EARLINE  
Street Address (P.O. Box Number is Not Acceptable)  
4931 SW 104 AVENUE**

City

**MIAMI**

Zip Code  
**33165**

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 **EDNA EARLINE YEARGIN, PRESIDENT**

Signature, typed or printed name of registered agent and not in all caps.

(NOTE: Registered Agent signature required when reinstating)

*Edna Earline Yeargin* 4/25/01  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P YEARGIN, EDNA EARLINE 4931 S.W. 104TH AVE. MIAMI FL 33165</b>			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edna Earline Yeargin, Pres.* **EDNA EARLINE YEARGIN, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01** **305-274-9207**

Date

Daytime Phone

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90129 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0256177**

Applied For

No: Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)