

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727885

1. Entity Name

KENNEDY HOUSE CONDOMINIUM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90056 021 ****70.00

Principal Place of Business

Mailing Address

1865 KENNEDY CAUSEWAY
NO BAY VILLAGE FL 33141

1865 KENNEDY CAUSEWAY
NO BAY VILLAGE FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1806177

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGLOHON, MARIA
1865 KENNEDY CAUSEWAY
NO BAY VILLAGE FL 33141

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOHON, MARIA	NAME	
STREET ADDRESS	1865 KENNEDY CAUSEWAY 14G	STREET ADDRESS	
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, IGNACIO	NAME	
STREET ADDRESS	1865 KENNEDY CAUSEWAY 5H	STREET ADDRESS	
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	Secretary-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PHILIP	NAME	Pulpeiro, Jorge
STREET ADDRESS	1865 KENNEDY CAUSEWAY 2N	STREET ADDRESS	1865 Kennedy Causeway #2-I
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	CITY-ST-ZIP	North Bay Village, FL 33141
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	Treasurer-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARQUET, JORGE	NAME	Sandel, Lucille
STREET ADDRESS	1865 KENNEDY CAUSEWAY 11D	STREET ADDRESS	1865 Kennedy Causeway #11-J
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	CITY-ST-ZIP	North Bay Village, FL 33141
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEMPORINI, ELIDA	NAME	Nibia Rodriguez
STREET ADDRESS	1865 KENNEDY CAUSEWAY 12K	STREET ADDRESS	1865 Kennedy Causeway #14-F
CITY-ST-ZIP	NO BAY VILLAGE FL 33141	CITY-ST-ZIP	North Bay Village, FL 33141
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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Handwritten Signature* Maria L. McGlohon, President (305) 866-4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)