

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90146 012 \*\*\*\*61.25

**DOCUMENT # 743949**

1. Entity Name

**THE GARDENS OF KENDALL CONDOMINIUM NO. 1, ASSOCI**

Principal Place of Business

Mailing Address

10425 SW 112 AVENUE  
 12079 S.W. 131ST AVENUE  
 MIAMI FL 33176  
 US

~~C/O B-BURT~~  
 12079 S.W. 131ST AVENUE  
 MIAMI FL 33186-6475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1843562**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD INC**  
**201 ALHAMBRA CIRCLE**  
**SUITE 1102**  
**CORAL GABLES FL 33134**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	PEELER, ANTHONY	10425 SW 112 AVENUE #120	MIAMI FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MARIN, IVAN	10425 SW 112 AVE 313	MIAMI FL	<input type="checkbox"/>	VD	MARIN, IVAN	10425 SW 112 AVE 313	MIAMI FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	VILLA, GUILLERMO	10425 SW 112TH AVE #115	MIAMI FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	QUIROS, CELSA	10425 SW 112TH AVE #213	MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	SD	FAUSTO G. ALTAMIRANO	10425 SW 112 AVE 118	MIAMI, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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: *Celsa Quiros Villa TD*

01/28/00 305-596-5367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #