## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2002 8:00 am Secretary of State **DOCUMENT # 743949** 1. Entity Name 02-13-2002 90237 042 \*\*\*\*61.25 THE GARDENS OF KENDALL CONDOMINIUM NO. 1, ASSOCI Principal Place of Business Mailing Address 10425 SW 112 AVENUE C/O D. BURT 12079 S.W. 131ST AVENUE 12079 S.W. 131ST AVENUE MIAMI FL 33176 MIAMI FL 33186 HS 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 59-1843562 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SKRLD INC 201 ALHAMBRA CIRCLE **SUITE 1102** City Zip Code CORAL GABLES FL 33134 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CR2E037 (9/01) ☐ Addition TITLE PD TITLE ☐ Change Jelete NAME EHASSANE, AFIF NAME STREET ADDRESS STREET ADDRESS 10425 SW 112 AVE #326 CITY-ST-ZIP CITY-ST-ZIP miami fl ☐ Delete TITLE ORTEGA, LUISA STREET ADDRESS STREET ADDRESS 10425 SW 112 AVE #226 CITY-ST-ZIP CITY-ST-ZIP <u>Miami Fl</u> SECTY TREAS THE 9 H De Change Delete TITI F TITLE TD NAME SOSTRE, JASON NAME STREET ADDRESS STREET ADDRESS 10425 SW 112 AVE #324 MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Callete BAKER Change ☐ Addition TITLE TITLE SD 风 Delete NAME 10425 SW 1/2 aux 1/7 NAME QUIROS, CELSA STREET ADDRESS STREET ADDRESS 10425 SW 112 AVE #213 CITY-ST-7IP CITY-ST-ZIP Miami Fl MIAMI FL 33176 ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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: