

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90234 032 \*\*\*\*61.25

**DOCUMENT # 755713**

1. Entity Name

**KENLAND BEND SOUTH CONDOMINIUM, INC.**



Principal Place of Business

**14275 SW 142 AVE  
MIAMI FL 33186  
US**

Mailing Address

**14275 SW 142 AVE  
MIAMI FL 33186  
US**

2. Principal Place of Business

**8357 West FLAGLER Box #353**

3. Mailing Address

**8357 West FLAGLER Box #353**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33144-2029**

Country

**USA**

Zip

**33144-2029**

Country

**USA**

6. Name and Address of Current Registered Agent

**MIAMI MANAGEMENT  
14275 SW 142 AVE  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **MAC-MANAGEMENT INC.**  
Street Address (P.O. Box Number is Not Acceptable) **Box #353**  
**8357 WEST FLAGLER STREET**  
City **MIAMI** FL Zip Code **33144-2029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria A. Cango*  
Signature, typed or printed name of registered agent and title if applicable.

**MARIA A. CANGO**

**03/18/03**

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FERREIRA, FRANCISCO	
STREET ADDRESS	14275 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUSTRICH, GUILLERMO	
STREET ADDRESS	14275 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRERA, RODOLFO	
STREET ADDRESS	14275 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIRAUD, JAVIER	
STREET ADDRESS	14275 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCISCO FERREIRA	
STREET ADDRESS	8357 WEST FLAGLER ST	
CITY-ST-ZIP	MIAMI, FL 33144-2029	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTRICH, GUILLERMO	
STREET ADDRESS	8357 WEST FLAGLER ST	
CITY-ST-ZIP	MIAMI, FL 33144-2029	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERA, RODOLFO	
STREET ADDRESS	8357 WEST FLAGLER ST	
CITY-ST-ZIP	MIAMI, FL 33144-2029	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ARMANDO	
STREET ADDRESS	8357 WEST FLAGLER ST. MIAMI FL 33144-2029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRAUD, JAVIER	
STREET ADDRESS	8357 WEST FLAGLER ST	
CITY-ST-ZIP	MIAMI, FL 33144-2029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

**SIGNATURE REQUIRED**

**3/18/03 (305) 262-1123**

CR2E037 (10/02)