2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 756297 May 26, 2000 8:00 am Secretary of State THE GARDENS OF KENDALL SOUTH CONDOMINIUM NO. 2 A 05-26-2000 90097 038 ****61.25 Principal Place of Business Mailing Address C/O ZIMMERMAN, MARÇONI & CO. C/O ZIMMERMAN, MARCONI & CO. 13320 SW 128TH ST. 13320 SW 128TH ST. MIAMI FL 33186-5899 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address the same that the state of Suite, Apt. #/etc. has a feet of sold it. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2066725 Not Applicable Zip Country \$8.75 Additional Country 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) MARCONI, ROBERT M CPA ZIMMERMAN, MARCONI & CO. 13320 SW 128TH ST. City Zip Code MIAMI FL 33186 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PHS. TITLE TITLE ☐ Delete NAME NAME **BILLIAS, JANEE** 110 pre unit 210 STREET ADDRESS STREET ADDRESS 10865 SW 112 TH AVE FL 33176 CITY-ST-ZIE CITY-ST-ZIP MIAMI FL De Ques ADO Change TITLE SD ☐ Delete TITLE NAME QUESADA, ISABEL DE NAME 65 5, W 11 FAVE STREET ADDRESS STREET ADDRESS 10865 SW 112 AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI EL Addition TITLE PD ☐ Delete TITLE Change NAME BOWLER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 12590 SW 96 ST., UNIT 210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Change Addition VPD . ☐ Delete TITLE JOLLY, LEO B NAME NAME STREET ADDRESS STREET ADDRESS 12590 SW 96 ST., UNIT 210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete TITI F Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: VESSION RELECTION REPORT OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

4-21-00 8

8200 598-62LC

Daytime Phone #