

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

0044919

05-22-2001 90691 001 ***211.25

DOCUMENT # 760537

1. Entity Name

KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATIO

Principal Place of Business

14074 SW 142 AVE
 MIAMI FL 33186
 US

Mailing Address

P.O. BOX 83-1655
 MIAMI FL 33283
 US

4462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2163390

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

~~ROGEL, DAVID H. ESQUI
 BECKER & ROLIAKOFF PA
 5201 BLUE LAGOON DRIVE, SUITE 100
 MIAMI FL 33126~~

7. Name and Address of New Registered Agent

Name **ALAN Deems**
 Street Address (P.O. Box Number is Not Acceptable)
14074 SW 142 AV
 City **MIAMI** FL Zip Code **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 *Alan Deems* **ALAN Deems, Pres.** DATE **1/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEMS, ALAN	NAME	
STREET ADDRESS	P.O. BOX 83-1655, N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33283	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSBAUGH, JAMES	NAME	
STREET ADDRESS	P.O. BOX 83-1655, N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33283	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKER, JAY	NAME	
STREET ADDRESS	P.O. BOX 83-1655, N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33283	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, CONNIE	NAME	
STREET ADDRESS	P.O. BOX 83-1655, N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33283	CITY-ST-ZIP	
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	
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)(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* **RESTATEMENT Hecker** DATE: **1-28-01** PHONE: **305-251-1398**

CR2E037 (10/00)