

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90176 040 ****61.25

DOCUMENT # 760537

1. Entity Name
**KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATIO
N, INC.**



Principal Place of Business

**14074 SW 142 AVE
MIAMI FL 33186
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 77-1593

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33177 DADE

4. FEI Number **59-2163390**

Applied For

Not Applicable

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

**DEEMS, ALAN
14074 142 AVE
MIAMI FL 33186**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
NAME **DEEMS, ALAN**
STREET ADDRESS **P.O. BOX 83-1655, N/A P.O.B 77-1593**
CITY-ST-ZIP **MIAMI FL 33283 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **GRASSBAUGH, JAMES CAROL**
STREET ADDRESS **P.O. BOX 83-1655, N/A P.O.B 77-1593**
CITY-ST-ZIP **MIAMI FL 33283 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **HECKER, JAY**
STREET ADDRESS **P.O. BOX 83-1655, N/A P.O.B 77-1593**
CITY-ST-ZIP **MIAMI FL 33283 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREER, CONNIE**
STREET ADDRESS **P.O. BOX 83-1655, N/A P.O.B 77-1593**
CITY-ST-ZIP **MIAMI FL 33283 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **B** ☐ Delete
NAME **FRANK ROMERO**
STREET ADDRESS **P.O.B 77-1593**
CITY-ST-ZIP **MIAMI 33177**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SKY M. Hecker **REQUIRE** **JAY M Hecker** **4/2/03** **305-251-1398**

CR2E037 (10/02)