

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90057 025 *****70.00

DOCUMENT # 770159

1. Entity Name

KENDALL LAKES EAST PATIO CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

13250 SW 135 AVE.
 MIAMI FL 33186

13250 SW 135 AVE.
 MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2044050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIAS, MARIA V ESQ.
201 ALHAMBRA CIRCLE
SUITE 1102
DORAL GABLES FL 33134

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '02

TITLE **D** Delete
 NAME **JANE, MANUEL**
 STREET ADDRESS **6225 SW 136 COURT C-209**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** Change Addition
 NAME **Cristian Sarmiento**
 STREET ADDRESS **6278 SW 136 Ct., F201**
 CITY-ST-ZIP **Miami, Fl 33183**

TITLE **PD** Delete
 NAME **SALES, ANGEL**
 STREET ADDRESS **6216 SW 136TH CT. #G-209**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CERMELLI, LUIS**
 STREET ADDRESS **6236 S.W. 136 CT.,#B108**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SHANKEN, MADELINE**
 STREET ADDRESS **6225 SW 136 CT., C104**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE **P/D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CHICOY, ALFONSO**
 STREET ADDRESS **6236 SW 136 CT, B209**
 CITY-ST-ZIP **MIAMI FL 33183**

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 reports 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)