

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90222 012 ****70.00

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1. Entity Name
**KENDALL LAKES EAST PATIO CONDOMINIUM ASSOCIATION
INC.**

Principal Place of Business Mailing Address
13250 SW 135 AVE. 13250 SW 135 AVE.
MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2044050** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	JANE, MANUEL	6225 SW 136 COURT C-209	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	SHANKEN, MADELINE	6225 SW 136 CT., C104	MIAMI FL 33183	<input type="checkbox"/>	<input type="checkbox"/>
D	CHICOY, ALFONSO	6236 SW 136 CT, B209	MIAMI FL 33183	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	SARMIENTO, CRISTIAN	6278 SW 136 CT F201	MIAMI FL 33183	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Madeline Shanken* **305/386-1868**
DATE: **1/18/03**

CR2E037 (10/02)