

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A06857  
**1. Entity Name**  
 KENDALL CONTINENTAL, LIMITED

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAR 13 AM 9:24

**Principal Place of Business**  
 180 SOUTH BROADWAY  
 WHITE PLAINS NY 10605

**Mailing Address**  
 7941 S.W. 104 STREET  
 MIAMI FL 33156-3631



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

DO NOT WRITE IN THIS SPACE

**Zip** **Country**

**4. FEI Number** 59-1854013

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

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

MALE, MICHAEL H  
 3250 MARY STREET, SUITE 303  
 MIAMI FL 33133

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. Capital Contributions** as Shown on record. **\$990.00**

**10. Amount of Capital Contributions** in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000086450	STREET ADDRESS	
NAME	PRESIDENTIAL CONTINENTAL GARDENS CORP.	CITY - ST - ZIP	ny 312100
STREET ADDRESS	7941 SW 104TH ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 JEFFREY F. JOSEPH

**3/7/00** (914) 948-1300  
 Date Daytime Phone #

CR2E003 (9/99)