

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000862**

1. Entity Name

**COURTS AT KENDALL ASSOCIATES, LTD.**

FILED

00 APR 13 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2600 E. COMMERCIAL BOULEVARD, SUITE 213  
FORT LAUDERDALE FL 33308

Mailing Address  
2600 E. COMMERCIAL BOULEVARD, SUITE 213  
FORT LAUDERDALE FL 33308-4111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0588428**

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

7. Name and Address of New Registered Agent

**WLMC REGISTERED AGENTS, INC.**  
701 BRICKELL AVE., SUITE 2000  
MIAMI FL 33131

Name  
**BERMAN WOLFE RENNERT-VOGEL & MANDLER, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast Second Street**  
Suite 3500  
City  
**Miami** FL Zip Code  
**33131-2130**

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

9. Capital Contributions  
as Shown on record.

**\$3,465,000.00**

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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **572226**  
NAME **M.L. PROPERTY MANAGEMENT, INC.**  
STREET ADDRESS **2600 E. COMMERCIAL BLVD., SUITE 213**  
CITY - ST - ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **P95000049382**  
NAME **WESTON KENDALL CORP.**  
STREET ADDRESS **C/O 470 MAMARONECK AVE., ROOM 205**  
CITY - ST - ZIP **WHITE PLAINS NY 10605**

STREET ADDRESS

CITY - ST - ZIP

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14. 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

Date

Daytime Phone #

CR2E003 (9/99)

954 491-4511

2/17/00