

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90048 018 ****61.25

DOCUMENT # N07432

1. Entity Name

KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIA

Principal Place of Business

Mailing Address

% MIAMI MANAGEMENT, INC.
 14275 SW 142 AVE
 MIAMI FL 33186
 US

% MIAMI MANAGEMENT, INC.
 14275 SW 142 AVE
 MIAMI FL 33186
 US

915383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2553441

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

KOBIRIN, DAVID A.
CAPITAL PLAZA II, SUITE 206
8900 S.W. 107TH AVE.
MIAMI FL 33176-1490

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 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, IRWIN B.	NAME	Director
STREET ADDRESS	10729 S.W. 104TH ST.	STREET ADDRESS	Freund, Irwin B.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	10729 Sw. 104th St. Miami, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD VAYO, RON	NAME	
STREET ADDRESS	10709 SW 104 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANCE, JOSEPH DR	NAME	Treas./Director
STREET ADDRESS	10760 SW 104 ST	STREET ADDRESS	Tenzen / Mark
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	10745 Sw. 104th St. Miami, FL 33176
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESSNE, ROBERT	NAME	Secretary / Director
STREET ADDRESS	10765 SW 104TH ST	STREET ADDRESS	Morrison / Roberto
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	10705 Sw. 104th St. Miami, FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP NATTOLI, WENDY	NAME	
STREET ADDRESS	10749 S.W. 104TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SPONTANEOUSLY REQUIRED VAYO

Date

Daytime Phone #

1-11-01 3052791464

CR2E037 (10/00)