

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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90095 020 ****61.25

DOCUMENT # N07432

1. Entity Name
KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
**% MIAMI MANAGEMENT, INC.
14275 SW 142 AVE
MIAMI FL 33186
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2553441**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KOBRIN, DAVID A.
CAPITAL PLAZA II, SUITE 206
8900 S.W. 107TH AVE.
MIAMI FL 33176-1490**

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

TITLE NAME	D FREUND, IRWIN B	<input type="checkbox"/> Delete
STREET ADDRESS	10729 S.W. 104TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	PD VAYO, RON	<input type="checkbox"/> Delete
STREET ADDRESS	10709 SW 104 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	S TENZAR, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	10745 SW 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	D MORRISON, ROBERTA	<input type="checkbox"/> Delete
STREET ADDRESS	10705 SW 104TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	VP NATTOLI, WENDY	<input type="checkbox"/> Delete
STREET ADDRESS	10749 S.W. 104TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED FREUND 1/10/03

CR2E037 (10/02)