

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1  
\*5

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90225 001 \*\*\*\*61.25  
05-17-2001 90225 002 \*\*\*\*8.75

**DOCUMENT # N12681**

1. Entity Name

**KENDALL FORESTS OWNERS' ASSOCIATION, INC.**

*LA*

Principal Place of Business 6850 CORAL WAY STE 308 MIAMI FL 33155 US	Mailing Address C/O A.M.A. MANAGEMENT SER 6850 CORAL WAY STE. 308 MIAMI FL 33155 US
--	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc. 13250 SW 135 Avenue
---	--

DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-2693032	Applied For <input type="checkbox"/> Not Applicable
Zip 33186	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANICIA MORALES-AMA MANAGEMENT CO**  
6850 CORAL WAY  
#308  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name  
**Hyman & Kaplan**

Street Address (P.O. Box Number is Not Acceptable)  
**150 West Flager Street 27th Floor**

City  
**Miami** FL Zip Code  
**33130**

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]* **MICHAEL HYMAN** DATE: **6/20/01**

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALGUERA, JESUS 11810 SW 80TH ST #214 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, EDMUNDO 11820 SW 80TH ST #315 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIGILIO, CENTRA 11830 SW 80TH ST #215 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rios Ralph 11830 SW 80 ST Unit - 415 Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rodriguez Alex 11830 SW 80 ST Unit-417 Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marina Acuna 11820 SW 80 ST Unit-311 Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Cristina Alberni 11800 SW 80 ST Unit-113 Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diana Guerrero 11800 SW 80 ST Unit-512 Miami, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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]* **MARINA ACUNA** 03-02-01 305-415-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #