

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 12, 2000 8:00 am
Secretary of State

03-29-2000 90040 020 ****70.00

DOCUMENT # N19673

1. Entity Name

KENDALL PINES COMMERCE CENTER CONDOMINIUM ASSOCI

Principal Place of Business

Mailing Address

12236 SW 132ND COURT
 MIAMI FL 33186

13000 S.W. 120TH ST.
 MIAMI FL 33186-4526
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2685546

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROYO, M. IVANKA
13000 SW 120 ST.
MIAMI FL 33186

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

TITLE NAME	GERGORA, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	12222 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	KERLEW, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	12236 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	VISSCHERS, RUDY	<input type="checkbox"/> Delete
STREET ADDRESS	12210 SW 132ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D VON, BILL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	12206 S.W. 132ND COURT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR	<input checked="" 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)(l), 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 REQUIRED

3/22/2000

(305) 233-8872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)