

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N24322

1. Entity Name

KENDALL FALLS CONDOMINIUM ASSOCIATION INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-22-2000 90005 009 ****61.25

Principal Place of Business

% P.O. BOX 16-0105
 HIALEAH FL 33016
 US

Mailing Address

% QUALITA FINANCIAL GROUP, INC.
 241 SEVILLA AVENUE, STE 906
 CORAL GABLES FL 33134-6619
 US

2. Principal Place of Business

3. Mailing Address

241 Sevilla Ave
 Suite 906
 Coral Gables, FL

P.O. Box 22-6646
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Gables, FL

Miami, FL

4. FEI Number

65-0167930

Applied For

Not Applicable

Zip

Country

Zip

Country

33134-6619

USA

33122

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMARGO, MARIO SR
 % QUALITA FINANCIAL GROUP, INC.
 241 SEVILLA AVENUE, STE 906
 CORAL GABLES FL 33134

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 PD
 NAME CAMARGO, MARIO JR
 STREET ADDRESS 241 SEVILLA AVE, STE 906
 CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE VTD
 NAME CAMARGO, MANUELA
 STREET ADDRESS 241 SEVILLA AVE, STE 906
 CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE ~~SD~~
 NAME ~~WOO, EDGAR~~
 STREET ADDRESS ~~1300 SW 85TH TERRACE~~
 CITY-ST-ZIP ~~MIAMI FL 33138~~

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
 NAME Whisenant, Maria
 STREET ADDRESS 15416 SW 178 Terr
 CITY-ST-ZIP Miami FL 33187

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (305) 220-0484

Date

Daytime Phone #

CR2E037 (9/99)