

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

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

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

**DOCUMENT # N24322**

1. Entity Name

**KENDALL FALLS CONDOMINIUM ASSOCIATION INC.**

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

241 Sevilla Ave

3. Mailing Address

P.O. Box 22-6646

Suite, Apt. #, etc.

Suite 906

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Miami, FL

4. FEI Number

**65-0167930**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Mario Camargo Sr.

4-28-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMARGO, MARIO JR	D
STREET ADDRESS	241 SEVILLA AVE., STE 906	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CAMARGO, MANUELA	D
STREET ADDRESS	241 SEVILLA AVE., STE 906	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	<del>OFFICER</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>WOO EDGAR</del>	
STREET ADDRESS	<del>1300 SW 85TH TERRACE</del>	
CITY-ST-ZIP	<del>MIAMI FL 33133</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whisenant, Maria	D
STREET ADDRESS	15416 SW 178 Terr	
CITY-ST-ZIP	Miami FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4-28-00

(305) 220-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (9/99)