

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90136 018 ****70.00

0002647

DOCUMENT # N33374
 1. Entity Name
KENDALL PARK COMMERCIAL CONDOMINIUM SIX CONDOMIN

Principal Place of Business Mailing Address
~~13000 SW 120 STREET~~ ~~13000 SW 120 STREET~~
~~MIAMI FL 33186~~ ~~MIAMI FL 33186~~

C0032233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10934 SW 146 PL **10934 SW 146 PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL **Miami FL**
 Zip Country Zip Country
33186 **DADE** **33186** **DADE**

4. FEI Number Applied For
65-0248891 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~PERRIN, ROSE G.~~
~~KENDALL PARK COMM CONDO SIX~~
~~13000 SW 120 STREET~~
~~MIAMI FL 33186~~

7. Name and Address of New Registered Agent
 Name **CMU Management Co**
 Street Address (P.O. Box Number is Not Acceptable) **Kendall Park Comm. Condo Six**
10934 SW 146 PL
 City **Miami** FL Zip Code **33186**

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]*
 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	D	<input type="checkbox"/> Delete
NAME	CADAVID, RODRIGO	
STREET ADDRESS	13285 SW 124 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRIN, ARTHUR	
STREET ADDRESS	13000 S.W. 120TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRIN, ROSE	
STREET ADDRESS	13000 S.W. 120TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FROYO, IVANKA	
STREET ADDRESS	13000 SW 120TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONCEICA, NELSON	
STREET ADDRESS	13285 SW 124 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JAMES	
STREET ADDRESS	13261 SW 124 ST.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMICKA, Rudyard	
STREET ADDRESS	13299 SW 124 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SZABO, LADISLAS	
STREET ADDRESS	13283 SW 124 ST	
CITY-ST-ZIP	Miami FL 33186	
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 reports 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **03 01 01** **301(387-6267)**
 Date Daytime Phone #

CR2E037 (10/00)