2001 UNIFORM BUSINESS REPORT (UBR),

FILED Mar 12, 2001 8:00 am s Secretary of State **DOCUMENT # N35897** 1. Entity Name KENDALL COMMERCE CENTER CONDOMINIUM ONE ASSOCIAT 03-12-2001 90436 003 ****70 00 Principal Place of Business Mailing Address 12201 SW 129TH CT. 12201 SW 129TH CT. M V U T U STE 100 STE 100 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0170654 Not Applicable Zip Country . ، چې د د ايسـ Zip ـ - ي Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FONSECA, EFRAIN 12201 SW 129TH CT. **STE 100** Zip Code **MIAMI FL 33186** FL 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. ξ přin. -SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME **FONSECA BERNICE** NAME STREET ADDRESS STREET ADDRESS 12201 SW 129TH CT. CITY-ST-ZIP MIAMI FL CITY-ST-ZIP -TITLE TD Delete TITLE ☐ Change ☐ Addition NAME BENITO, FERNANDO NAME STREET ADDRESS STREET ADDRESS 12201 SW 129TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Delete ☐ Change ☐ Addition NAME ADAMS, JANETH NAME STREET ADDRESS STREET ADDRESS 12201 SW 129TH CT. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EFRAIN, FONSECA STREET ADDRESS 12201 SW 129TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP -12. Thereby, 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 trustge empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 14-if-changed, or on an attachment with an address, with all other like empowered.

EDBERNICE FONSECP 3-6-01 305 255 779 SIGNATURE: