

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90119 011 ****61.25

DOCUMENT # N36790

1. Entity Name

KENDALL AIRPORT PARK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**% JEREMY SHAPIRO
 12300 SW 132 CT
 MIAMI FL 33186**

**% JEREMY SHAPIRO
 12300 SW 132 CT
 MIAMI FL 33186-6451**

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

65-0261216

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

**SHAPIRO, JEREMY
 12300 SW 132 CT
 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	PD	<input type="checkbox"/> Delete
NAME	SHAPIRO, JEREMY	
STREET ADDRESS	12300 SW 132 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SHAPIRO, BRIAN	
STREET ADDRESS	12300 SW 132 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GADINSKY, MARTIN	
STREET ADDRESS	1048 KANE CONCOURSE, SUITE 2B	
CITY-ST-ZIP	BAY HARBOR FL	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEREMY SHAPIRO
PRES 4/21/00

Date Daytime Phone #

CR2E037 (9/99)