

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 022 ****61.25

DOCUMENT # *N36790*
1. Entity Name
KENDALL AIRPORT PARK ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>40 DAVID SHAPIRO</i> Suite, Apt. #, etc. <i>1505 W 23RD ST</i> City & State <i>MIAMI BEACH, FL</i> Zip <i>33140</i> Country		3. Mailing Address <i>40 DAVID SHAPIRO</i> Suite, Apt. #, etc. <i>1505 W 23RD ST</i> City & State <i>MIAMI BEACH, FL</i> Zip <i>33140</i> Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <i>650261216</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name *DAVID SHAPIRO*
Street Address (P.O. Box Number is Not Acceptable)
1505 W 23RD ST
City *MIAMI BEACH, FL* Zip Code *33140*

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 *David Shapiro*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)
Date *4/12/02*

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD SHAPIRO, JEREMY 1541 BRICKELL AVE MIAMI, FL 33129</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VTD SHAPIRO, BRIAN 4450 N. JEFFERSON AVE MIAMI BEACH, FL 33140</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VP GRDINSKY, DOROTHY 10220 S.W. 87 ST MIAMI, FL 33179</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeremy Shapiro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *4/12/02* Daytime Phone #

CR2E037B (12/01)