2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

FILED **DOCUMENT # N51102** May 08, 2000 8:00 am Secretary of State THE KENSINGTON COMMONS ASSOCIATION, INC. 05-08-2000 90009 011 ****61.25 Principal Place of Business Mailing Address SUNRAE MANAGEMENT SERVICES, INC. SUNRAE MANAGEMENT SERVICES, INC. 7071 WEST COMMERCIAL BLVD. 7071 WEST COMMERCIAL BLVD. **SUITE 2B** SUITE 2B TAMARAC, FL-33319-- -TAMARAC, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0408954 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) SUNRAE MANAGEMENT SERVICES, INC. 7071 WEST COMMERCIAL BLVD. SUITE 2B TAMARAC, FL 33319 City 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. ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be 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. □ Audition TITLE ☐ Delete TITLE Change NAME NAME Zoloto, Lcian SLOAN, DAVID STREET ADDRESS STREET ADDRESS 5409 109 LANE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete ■ Addition TITLE TITLE ☐ Change TS NAME NAME LONDON, IRA STREET ADDRESS STREET ADDRESS 5303 NW 108 WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 TITLE ☐ Detete TITLE Change ☐ Addition NAME MINKIN, DAVID NAME STREET ADDRESS STREET ADDRESS 5223 NW 110 AVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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