

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N93000000362**

1. Entity Name

**KENDALL COMMERCE CENTER CONDOMINIUM TWO ASSOCIAT**

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90027 020 \*\*\*\*61.25

Principal Place of Business

12279 SW 129 CT  
 MIAMI FL 33186  
 US

Mailing Address

12279 SW 129 CT  
 SUITE 125  
 MIAMI FL 33186-6435  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT-APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOVEL, MOSHE**  
 12279 SW 129TH CT  
 SUITE 125  
 MIAMI FL 33186

Name **YOVEL MOSHE**  
 Street Address (P.O. Box Number is Not Acceptable) **12279 SW 129TH CT**  
 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, 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	PTSD	<input type="checkbox"/> Delete
NAME	YOVEL, MOSHE	
STREET ADDRESS	7436 S.W. 117 AVE., SUITE 125	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALE, WINDSOR	
STREET ADDRESS	1020 N. ROYAL POINCIANA BLVD.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	LILLY, ALAN	
STREET ADDRESS	1501 LENAPE DR.	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

Date

Daytime Phone #

2-11-00 (35) 256-8303

CR2E037 (9/99)