

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90136 024 ****70.00

0044473

DOCUMENT # N94000002197

1. Entity Name

KENDALL FOREST BUSINESS PARK II CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

~~13000 SW 120TH ST
 MIAMI FL 33186~~

~~13000 SW 120TH ST
 MIAMI FL 33186~~

C0032227



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10934 SW 146 PL

10934 SW 146 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0578350

Applied For

Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE

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

FROYO, IVANKA M.
 13000 SW 120 ST
 13000 S.W. 120TH STREET
 MIAMI FL 33186

Name: CMV Management Co
 Street Address (P.O. Box Number is Not Acceptable)
 Kendall Forest Business II
 10934 SW 146 PL
 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]

[Signature]

3/2/01

Signature, typed or printed name of registered agent and file 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	D	<input type="checkbox"/> Delete
NAME	FROYO, ANTONIO	
STREET ADDRESS	13000 SW 120TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRIN, ARTHUR	
STREET ADDRESS	13000 SW 120TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRIN, ROSE	
STREET ADDRESS	13000 SW 120TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FROYO, IVANKA	
STREET ADDRESS	13000 SW 120TH ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRITERO, CARLOS	
STREET ADDRESS	12360 SW 132 CT # 204	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROYO IVANKA	
STREET ADDRESS	13000 SW 120 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTUNEZ JUAN	
STREET ADDRESS	12360 SW 132 CT # 203-05	
CITY-ST-ZIP	MIAMI FL 33186	
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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

IVANKA M. FROYO

DATE

3/3/01

DAYTIME PHONE #

305-387-6267

CR2E037 (10/00)