

*2nd Request*  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 03-22-2002 90012 023 \*\*\*\*70.00

**DOCUMENT # N94000002197**

1. Entity Name  
**KENDALL FOREST BUSINESS PARK II CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business CMV MANGEMENT CO 10934 SW 146 PLACE MIAMI FL 33186	Mailing Address C/O CMV MANGEMENT CO 10934 SW 146 PLACE MIAMI FL 33186
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CMV MANAGEMENT CO  
 KENDALL FOREST BUSINESS II  
 10934 SW 146 PLACE  
 MIAMI FL 33186**

4. FEI Number **65-0578350**  
 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ State **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]* **4/27/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$81.25**

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

TITLE NAME	<b>D FROYO, ANTONIO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>13000 SW 120TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE NAME	<b>VD FROYD, IVANKA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>13000 SW 120TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE NAME	<b>TD ANTUNEZ, JUAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>12360 SW 132 CT # 203-05</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/02 305-387-6267**  
Date Daytime Phone #

CR2E037 (9/01)