

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

0000574

DOCUMENT # **N94000002197**

1. Entity Name

**KENDALL FOREST BUSINESS PARK II CONDOMINIUM ASSO
CIATION, INC.**



04-30-2003 90310 028 ****70.00

Principal Place of Business

**C/O CMV MANGEMENT CO
10934 SW 146 PLACE
MIAMI FL 33186**

Mailing Address

**C/O CMV MANGEMENT CO
10934 SW 146 PLACE
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0578350**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CMV MANAGEMENT CO
KENDALL FOREST BUSINESS II
10934 SW 146 PLACE
MIAMI FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENABUWANDA, Allison	
STREET ADDRESS	12360 SW 132 CT # 211	
CITY-ST-ZIP	Miami FL 33186	
TITLE	VAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ MIRA, Sergio	
STREET ADDRESS	12360 SW 132 CT # 108	
CITY-ST-ZIP	Miami FL 33186	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleites, MARIA	
STREET ADDRESS	12360 SW 132 CT # 214	
CITY-ST-ZIP	Miami FL 33186	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRI, ROSE	
STREET ADDRESS	13000 SW 120 ST	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARRUITERO, Carlos	
STREET ADDRESS	12360 SW 132 CT # 204	
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: _____

Maria Fleites
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

305-387-6267

CR2E037 (10/02)