2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97 000000968

1. Entity Name
Kendall Gate Homeowner's Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 AM 10:41

Principal Place of Business	Mailing Address
16275 SW 88 ST #100 Miami - FL 33196	Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650537059 ☐ Applied For ☐ Not Applicable

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
	Name: Samuel A. Persaud
	Street Address (P.O. Box Number is Not Acceptable): 1450 Madrigg Ave Suite 300
	City: Coral Gables FL Zip Code: 33146

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: Samuel A. Persaud - SAMUEL A. PERSAUD Esq 5/4/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG - Jesus L. 6073 SW 86 LN Miami - FL 33193	☒ Delete	President / Director Ileana Vazquez 16084 SW 87 TR. Miami - FL 33193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Savinon, Ramon 8736 SW 161 Ct. Miami - FL 33193	☒ Delete	Vice-Pres. / Treasurer / Sec. Susana Delgado 8742 SW 161 AVE Miami - FL 33193	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DeGamboa, Dacil M. 15875 SW 86 TR Miami - FL 33193	☒ Delete	Director Vargas, Auxiliadora 8673 SW 159 Ct. Miami - FL 33193	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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CR2E037 (11/00)

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: Ileana Vazquez April 27, 2001 305-386-2998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #