# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755713

1. Entity Name

KENLAND BEND SOUTH CONDOMINIUM, INC.

**FILED**
**Mar 07, 2000 8:00 am**
**Secretary of State**
03-07-2000 90049 019 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| C/O MR. JOE SORDIA. CAM<br>12781 BIRD ROAD. SUITE G<br>MIAMI FL 33175<br>US | C/O MR. JOE SORDIA. CAM<br>12781 BIRD ROAD. SUITE G<br>MIAMI FL 33175-3437<br>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 | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2159371 ☐ 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 |
|---|---|
| DAVID FRIEDMAN @ FOWLER & WHITE ET AL<br>100 SOUTHEAST 2ND AVE<br>17TH FLOOR<br>MIAMI FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ADOLFO NONES<br>9010 SW 125TH AVE G407<br>MIAMI FL | ☐ Delete | PD MARINA ASON<br>9010 SW 125 AVE<br>MIAMI FL 33186 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GALE, STEPHANIE<br>9010 SW 125 AVE, G 404<br>MIAMI FL 33186 | ☐ Delete | S OTTO TRAVIESO<br>9010 SW 125 AVE<br>MIAMI FL 33186 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP<br>ASON, MARINA<br>9010 SW 125 AVE<br>MIAMI FL 33786 | ☐ Delete | VP Jaime Austrich<br>9010 SW 125 AVE<br>Miami FL 33186 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>EDNA ORTIZ<br>9030 SW 125TH AVE E309<br>MIAMI FL | ☐ Delete | T Carlos A. Gimenez<br>9030 SW 125 AVE<br>Miami, FL 33186 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CANPLES, ESMERALDO<br>9020 SW 125 AVE<br>MIAMI FL 33186 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D Esmeralda Canales<br>9020 SW 125 AVE<br>MIAMI FL 33186 | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Marina Ason SIGNATURE REQUIRED (301) 225-7249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #