2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State
06-12-2000 90001 030 ****61.25

DOCUMENT # 756275

1. Entity Name

KENLAND BEND NORTH CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O THE CONTINENTAL GROUP 8840 SW 123 COURT MIAMI FL 33186 US	C/O THE CONTINENTAL GROUP 12079 SW 131 AVENUE MIAMI FL 33186-6475

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PROPERTY MANAGEMENT SERV.	PROPERTY MANAGEMENT SERVICES
Suite, Apt. #, etc.: 8299 CORAL WAY	Suite, Apt. #, etc.: 8299 CORAL WAY
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33155 Country: U.S.A	Zip: 33155 Country: U.S.A

4. FEI Number: 59-2192415 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~HYMAN & KAPLAN~~
~~150 W FLAGLER ST 27 FLOOR~~
~~MUSEUM TOWERS~~
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: PROPERTY MANAGEMENT SERVICES
Street Address (P.O. Box Number is Not Acceptable): 8299 CORAL WAY
City: MIAMI FL Zip Code: 33155

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 _____ 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ASON, MARINA 8850 SW 123 CT MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD: LEON, ADOLFO 8830 SW 123 CT # I-109 MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOVA, CARMITA 8850 SW 123 CT., H-104 MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KRUMIS, JAMES 8810 SW 123 CT # M-310 MIAMI FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEON, ADOLFO 8830 SW 123 CT MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAREDES, BENITO 8810 SW 123 CT # M 406 MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUAREZ, ROBERT 8860 SW 123 CT MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNY LOPEZ 8830 SW 123 CT # I-107 MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOWZOON, ALEXANDER 8850 SW 123 CT., H-401 MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SILVIA LEON-KEITH 8830 SW 123 CT # I-103 MIAMI, FL 33186	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #