## 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000029491

**Entity Name: KENDALL I CORPORATION** 

**Current Principal Place of Business:** 

1600 SAWGRASS CORPORATE PARKWAY, SUITE 400

SUNRISE, FL 33323

**Current Mailing Address:** 

1600 SAWGRASS CORPORATE PARKWAY, SUITE 400

SUNRISE, FL 33323 US

FEI Number: 81-2111020 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELFMAN, STEVEN M ESQ.

1600 SAWGRASS CORPORATE PARKWAY, SUITE 400

SUNRISE, FL 33323 US

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:

Electronic Signature of Registered Agent

Date

FILED Apr 11, 2023

**Secretary of State** 

9296417334CC

Officer/Director Detail:

Title PRESIDENT Title VP, ASST. SECRETARY

Name EZRATTI, MISHA J Name FANT, ALAN J

Address 1600 SAWGRASS CORPORATE Address 1600 SAWGRASS CORPORATE

PARKWAY, SUITE 400 PARKWAY, SUITE 400

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title VP Title VP

Name NORWALK, RICHARD M Name ARKIN, RICHARD A

Address 1600 SAWGRASS CORPORATE Address 1600 SAWGRASS CORPORATE

PARKWAY, SUITE 400 PARKWAY, SUITE 400

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title VP, TREASURER Title SECRETARY

Name MENENDEZ, N. MARIA Name HELFMAN, STEVEN M

Address 1600 SAWGRASS CORPORATE Address 1600 SAWGRASS CORPORATE

PARKWAY, SUITE 400 PARKWAY, SUITE 400

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.