

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90078 010 \*\*\*\*70.00

**DOCUMENT # 729149**

1. Entity Name

**KENDALL ACRES WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 13250 SW 135 AVE MIAMI FL 33186	Mailing Address 13250 SW 135 AVE MIAMI FL FL 33186-6489
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-1531464</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SKRLD, INC. 201 ALHAMBRA CIRCLE/% LISA LERNER SUITE 1102 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>S</b> NAME: <b>ARTIME, LUIS</b> STREET ADDRESS: <b>8401 SW 107 AVE #145E</b> CITY-ST-ZIP: <b>MIAMI FL 33173</b> <input type="checkbox"/> Delete		TITLE: <b>D</b> NAME: <b>Janet Blanco</b> STREET ADDRESS: <b>8401 SW 107 Ave. #275E</b> CITY-ST-ZIP: <b>Miami FL 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <b>D</b> NAME: <b>GEORGE ALEXANDER</b> STREET ADDRESS: <b>8401 S. W. 107 AVE., #2373 E</b> CITY-ST-ZIP: <b>MIAMI FL</b> <input type="checkbox"/> Delete		TITLE: <b>D</b> NAME: <b>Julio Orbegozo</b> STREET ADDRESS: <b>8401 SW 107 Ave. #260E</b> CITY-ST-ZIP: <b>Miami FL 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <b>V</b> NAME: <b>LOU PARSONS</b> STREET ADDRESS: <b>8401 S. W. 107 AVE. #124E</b> CITY-ST-ZIP: <b>MIAMI FL</b> <input type="checkbox"/> Delete		TITLE: <b>D</b> NAME: <b>Rubin Teagarden</b> STREET ADDRESS: <b>8401 SW 107 Ave. #322E</b> CITY-ST-ZIP: <b>Miami FL 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <b>T</b> NAME: <b>JAMES MARSHALL</b> STREET ADDRESS: <b>8415 S. W. 107 AVE., #261W</b> CITY-ST-ZIP: <b>MIAMI FL 33173</b> <input type="checkbox"/> Delete		TITLE: <b>D</b> NAME: <b>Charles Doughty</b> STREET ADDRESS: <b>8401 SW 107 Avw. #331E</b> CITY-ST-ZIP: <b>Miami FL 33173</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: <b>P</b> NAME: <b>MASCHINOT, JOYCE</b> STREET ADDRESS: <b>8415 SW 107 AVE 310W</b> CITY-ST-ZIP: <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>D</b> NAME: <b>LEVENTHAL, DORIS</b> STREET ADDRESS: <b>8401 SW 107 AVE 220E</b> CITY-ST-ZIP: <b>MIAMI FL 33173</b> <input type="checkbox"/> Delete		TITLE: <b>P</b> NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E037 (9/99)

i2. 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] DATE: 2/17/2000