

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756275

1. Entity Name

KENLAND BEND NORTH CONDOMINIUM, INC.

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90001 030 \*\*\*\*61.25

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

2. Principal Place of Business

PROPERTY MANAGEMENT SERV.

3. Mailing Address

PROPERTY MANAGEMENT SERVICES

Suite, Apt. #, etc.

8299 CORAL WAY

Suite, Apt. #, etc.

8299 CORAL WAY

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2192415

Applied For

Not Applicable

Zip

33155

Country

U.S.A

Zip

33155

Country

U.S.A

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

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

TITLE PD  
NAME ASON, MARINA  
STREET ADDRESS 8850 SW 123 CT  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE VD  
NAME MOYA, CARMITA  
STREET ADDRESS 8850 SW 123 CT., H-104  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE TD  
NAME LEON, ADOLFO  
STREET ADDRESS 8830 SW 123 CT  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE SD  
NAME SUAREZ, ROBERT  
STREET ADDRESS 8860 SW 123 CT  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE VD  
NAME MOWZON, ALEXANDER  
STREET ADDRESS 8850 SW 123 CT., H-401  
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD: LEON, ADOLFO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8830 SW 123 CT # I-103  
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD KEONIS, JAMES ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8810 SW 123 CT # M.310  
CITY-ST-ZIP MIAMI, FL 33186

TITLE SD PAREDES, BENITO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8810 SW 123 CT # M.406  
CITY-ST-ZIP MIAMI, FL 33186

TITLE TD JOHNNY LOPEZ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8830 SW 123 CT # I-107  
CITY-ST-ZIP MIAMI, FL 33186

TITLE SD SILVIA LEON-KEITH ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8830 SW 123 CT # I-103  
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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