

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756275

1. Entity Name

KENLAND BEND NORTH CONDOMINIUM, INC.

Principal Place of Business

PROPERTY MANAGEMENT SERV
8299 CORAL WAY
MIAMI FL 33155
US

Mailing Address

PROPERTY MANAGEMENT SERV
8299 CORAL WAY
MIAMI FL 33155
US

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

59-2192415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEON, ADOLFO	
STREET ADDRESS	8830 SW 123 CT #I-103	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KRUNIS, JAMES	
STREET ADDRESS	8810 SW 123 CT #M310	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAREDES, BENITO	
STREET ADDRESS	8810 SW 123 CT #M406	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, JOHNY	
STREET ADDRESS	8830 SW 123 CT #I-107	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEON-KEITH, SILVIA	
STREET ADDRESS	8830 SW 123 CT #I-103	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP ASON, MARINA	
STREET ADDRESS	8830 SW 123 CT # I-306	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAREDES, BENITO	
STREET ADDRESS	8810 SW 123 CT # M-406	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KRONIS, JIM	
STREET ADDRESS	8810 SW 123 CT # M-310	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, MAURICIO	
STREET ADDRESS	8830 SW 123 CT # H-301	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYA, CARMITA A.	
STREET ADDRESS	8860 SW 123 CT # K-208	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MARINA ASON REQUIRED MARINA ASON 1/19/01 305-264-4250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0041172

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90038 047 ****61.25



DO NOT WRITE IN THIS SPACE