

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90007 044 ****61.25

DOCUMENT # 759090

1. Entity Name

KENDALL WALK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP, INC.
 12079 SW 131 AVENUE
 MIAMI FL 33186

C/O THE CONTINENTAL GROUP, INC.
 12079 SW 131 AVENUE
 MIAMI FL 33186-6475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2313489

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEPE, EVELYN	
STREET ADDRESS	14927 SW 90 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PACE, JOSEPHINE	
STREET ADDRESS	15028 SW 90 STREET	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRAVO, MARIA	
STREET ADDRESS	14911 SW 90 TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLUCK, JOESPH	
STREET ADDRESS	14932 SW 91 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PADILLA, RAYMOND	
STREET ADDRESS	15019 SW 89 TERR	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALCINES, ALICIA	
STREET ADDRESS	9047 SW 149 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Signature of Raymond Padilla*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Jan 25, 2000*
 Daytime Phone #: *305-385-1410*

CR2E037 (9/99)