

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2002 8:00 am**
Secretary of State

02-07-2002 90002 045 ****61.25

DOCUMENT # 768796

1. Entity Name

**ARBORGATE AT KENDALL LAKES EAST, CONDOMINIUM NO
72 ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**% VIVIANNE J KATZ
13549 SW 64TH LN. KENDALL LK E.
MIAMI FL 33183****% VIVIANNE J KATZ
13549 SW 64TH LN. KENDALL LK E.
MIAMI FL 33183**

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

26-7340992

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZ, MRS VIVIANNE J
13549 SW 64TH LANE
MIAMI FL 33183**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	KATZ, MRS VIVIANNE J	13549 SW 64TH LANE	MIAMI, FL 00000	<input type="checkbox"/>
VPO	ZEPEDA, HUGO	13551 S.W. 64TH LANE	MIAMI, FL 00000	<input type="checkbox"/>
STD	KATZ, BERNARD	13549 S.W. 64TH LANE	MIAMI, FL 00000	<input type="checkbox"/>
TD	KATZ, MR BERNARD	13549 SW 64TH LANE	MIAMI, FL 00000	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Vivianne J Katz*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)