2001 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2001 8:00 am Secretary of State **DOCUMENT # 770894** 1. Entity Name KENDALL CROSSINGS COMMERCE CENTER SECTION TWO CO 08-07-2001 90009 018 ****61.25 Principal Place of Business Mailing Address 7885 S.W. 108TH STREET 12200 THRU 12250 SW 131 AVE MIAMI FL 33186 MIAMI FL 33156-3613 C0074933 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0445025 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6." Name and Address of Current Registered Agent* 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KENNEDY, TYRONE G 7885 S.W. 108TH STREET MIAMI FL 33156-3613 City 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. Mr. Tyrone G. Kennedy SIGNATURE (NOTE: Notice of Agent signature required when reinstating) i. FL 33156 3613 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE KINNEY, RON NAME NAME STREET ADDRESS 12200 SW 131ST AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE CASTILLO. DAGOBERTO NAME NAME 12240 S.W. 131 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITÝ-ST-ZIP MIAMI FL 331861 STMD ☐ Change ☐ Addition TITLE ☐ Delete TITLE KENNEDY, TRYONE NAME NAME 7885 SW 108TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE KENNEDY, TYRONE NAME 12216 S.W. 131 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE TAYLOR, ALAN NAME NAME 12250 SW 131ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

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 eath; that I am an officer or director of the corporation or the receiver or trastee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Kennedo .

305-598-7251

FILED