


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90193 025 \*\*\*\*61.25

**DOCUMENT # 770894**

1. Entity Name  
**KENDALL CROSSINGS COMMERCE CENTER SECTION TWO CO  
NDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**12200 THRU 12250 SW 131 AVE  
MIAMI FL 33186  
US**


**7885 S.W. 108TH STREET  
MIAMI FL 33156-3613**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0445025**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KENNEDY, TYRONE G  
7885 S.W. 108TH STREET  
MIAMI FL 33156-3613**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable.      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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KINNEY, RON</b>	
STREET ADDRESS	<b>12200 SW 131ST AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CASTILLO, DAGOBERTO</b>	
STREET ADDRESS	<b>12240 S.W. 131 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>STMD</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, TRYONE</b>	
STREET ADDRESS	<b>7885 SW 108TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>MD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KENNEDY, TYRONE</b>	
STREET ADDRESS	<b>12216 S.W. 131 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, ALAN</b>	
STREET ADDRESS	<b>12250 SW 131ST AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
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:** *Tyrone G Kennedy*      **SIGNATURE REQUIRED**      **TYRONE G KENNEDY**      5/11/03 305-598-7251

CR2E037 (10/02)