

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06857

1. Entity Name
KENDALL CONTINENTAL, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 9:24

Principal Place of Business
180 SOUTH BROADWAY
WHITE PLAINS NY 10605

Mailing Address
7941 S.W. 104 STREET
MIAMI FL 33156-3631



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1854013 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
MALE, MICHAEL H
3250 MARY STREET, SUITE 303
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. Capital Contributions as Shown on record. \$990.00 **10. Amount of Capital Contributions** in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

2. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P94000086450		STREET ADDRESS	
NAME	PRESIDENTIAL CONTINENTAL GARDENS CORP.		CITY - ST - ZIP	ny 3/21/00
STREET ADDRESS	7941 SW 104TH ST			
CITY - ST - ZIP	MIAMI FL 33156			
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED JEFFREY F. JOSEPH 3/7/00 (914) 948-1300
Signature, typed or printed name of signing GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)