

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001731 AV

DOCUMENT # **A07415**

1. Entity Name
KENDALL INDUSTRIAL PARK, LTD.



FILED

03 APR 18 PM 12:15

Principal Place of Business
**999 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES FL 33134**

Mailing Address
**999 PONCE DE LEON BLVD
SUITE 1000
CORAL GABLES FL 33134**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 **59-1980011**

Applied For

Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLOS, THOMAS P
999 PONCE DE LEON BLVD.
STE. 1000
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$2,202,960.00**

10. Amount of Capital Contributions in FLORIDA to date. **-0-**

11. **MAKE CHECK PAYABLE TO FL. 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **CARLOS, THOMAS PETER TRUSTEE**
STREET ADDRESS **999 PONCE DE LEON BLVD., SUITE 1000**
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **MARKS, LAWRENCE M**
STREET ADDRESS **3840 KENT CT**
CITY-ST-ZIP **COCONUT GROVE FL 33183**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **MAS, JORGE**
STREET ADDRESS **3155 NW 77 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

14. 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/14/03 **305-444-1500**
Date Daytime Phone #

CR2E003 (10/02)