

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A28821**

1. Entity Name  
**KENDALL 1 PLAZA, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 20 AM 3: 05



Principal Place of Business  
**2828 CORAL WAY  
PENTHOUSE SUITE  
MIAMI FL 33145**

Mailing Address  
**2828 CORAL WAY  
PENTHOUSE SUITE  
MIAMI FL 33145-3214**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number **65-0143358**  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PEREZ, JORGE M.  
2828 CORAL WAY  
PENTHOUSE 1  
MIAMI FL 33145**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>M77212 RELATED COMMERCIAL, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>400003243774--7 -05/09/00--01014--020 ***150.00 ***150.00</b>
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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: **ANGEL HERNANDEZ** VICE-PRESIDENT **4/19/00 (305) 460-5150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)