

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000752**

1. Entity Name
KENDALL 157 SUPERSTORE, LTD.

FILED 4/4/20
00 APR 11 PM 12:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O SUCHMAN RETAIL GROUP 1550 MADRUGA AVE., SUITE 230 CORAL GABLES FL 33146	Mailing Address C/O SUCHMAN RETAIL GROUP 1550 MADRUGA AVE., SUITE 230 CORAL GABLES FL 33146-3017
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2. Principal Place of Business 3. Mailing Address

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

City & State City & State

4. FEI Number **65-0592709** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUCHMAN, LAWRENCE E
C/O SUCHMAN RETAIL GROUP
1550 MADRUGA AVE., SUITE 230
CORAL GABLES FL 33146

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 _____

9. Capital Contributions as Shown on record. **\$100.00** 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000037386**
NAME **KENDALL 157 SUPERSTORE, INC.**
STREET ADDRESS **C/O 1550 MADRUGA AVE., SUITE 230**
CITY - ST - ZIP **CORAL GABLES FL 33146**

STREET ADDRESS
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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: *Peter A. Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-5-00 **305-667-6461**
Date Daytime Phone #

PETER A. ROBERTS, S

CR2E003 (9/99)