

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000752**

1. Entity Name  
**KENDALL 157 SUPERSTORE, LTD.**

**FILED** 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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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**

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CITY - ST - ZIP  
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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)