

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000612**

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

FILED  
02 FEB 18 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>8500 S.W. 8 STREET, SUITE 228 MIAMI FL 33144</b>	Mailing Address <b>8500 S.W. 8 STREET, SUITE 228 MIAMI FL 33144</b>
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2. Principal Place of Business      3. Mailing Address

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

**DUE BY MAY 1, 2002**

City & State      City & State

4. FEI Number **65-0749135**      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

**MACHADO, JOSE LUIS ESQ.  
8500 S.W. 8 ST., #238  
MIAMI FL 33144**

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

9. Capital Contributions as Shown on record. **\$1,182,583.60**      10. Amount of Capital Contributions in FLORIDA to date. **955,257.06**      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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>S96765 ON TIME CONSTRUCTION, INC. 8500 S.W. 8TH ST., #228 MIAMI FL 33144</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>900004991859--3 -02/22/02--01079--009 ****437.50 ****437.50</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>900004991859--3 -02/22/02--01079--010 *****88.75 *****88.75</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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/22/02**      **305-262-6533**  
Date      Daytime Phone #

STAPLE CHECK HERE

11.51 0006000

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