

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM  
Secretary of State

DOCUMENT # A99000000271

1. Entity Name  
MONACO/KENDALL GROUP, LTD.

Principal Place of Business 17970 S.W. 152ND AVENUE MIAMI FL 33187	Mailing Address 17970 S.W. 152ND AVENUE MIAMI FL 33187
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2. Principal Place of Business 13255 SW 135 AVENUE Suite, Apt. #, etc.	3. Mailing Address 13255 SW 135 AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL
Zip 33186	Country

4. FEI Number 65-1024150	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METRO DADE TITLE  
1401 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134 US

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 \_\_\_\_\_ DATE 04/26/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions  
as Shown on record. 1,856,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,856,000.00

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	MONACO AT KENDALL, INC.
CITY-ST-ZIP	17970 S.W. 152ND AVENUE MIAMI FL 33187

13. ADDRESS CHANGES ONLY

STREET ADDRESS	13255 SW 135 AVENUE
CITY-ST-ZIP	MIAMI FL 33186

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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: Javier E. Sht  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/26/2001

Date

Daytime Phone #

CR2E003 (11/00)