

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90087 024 ***150.00

DOCUMENT # **J 88263**

1. Entity Name
KENDALL AIRPORT CENTER INC

Principal Place of Business Mailing Address
17300 S.W. 132 COURT MIAMI, FL 33186 **C/O DAVID SHAPIRO 1504 WEST 23 RD SE MIAMI BEACH, FL 33140**

ACCOUNT

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHAPIRO, JEREMY
12300 S.W. 132 COURT
MIAMI, FL 33186

7. Name and Address of New Registered Agent
 Name: **SHAPIRO, JEREMY**
 Street Address (P.O. Box Number is Not Acceptable): **1504 BRICKELL AVE, APT 1504**
 City: **MIAMI** FL Zip Code: **33129**

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: *Jeremy Shapiro* (NOTE: Registered Agent signature required when reinstating) DATE: **4/11/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME SHAPIRO, JEREMY STREET ADDRESS 12300 SW 132 COURT CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE PD	NAME SHAPIRO, JEREMY STREET ADDRESS 1504 BRICKELL AVE, APT 1504 CITY-ST-ZIP MIAMI, FL 33129	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	NAME GADINSKY, MARTIN STREET ADDRESS 10220 S.W. 87 SE CITY-ST-ZIP MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME GADINSKY, DOROTHY STREET ADDRESS 10220 S.W. 87 SE CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SP	NAME SHAPIRO, BRIAN STREET ADDRESS 12300 S.W. 132 COURT CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE SD	NAME SHAPIRO, BRIAN STREET ADDRESS 4410 N. JEFFERSON AVE CITY-ST-ZIP MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeremy Shapiro* **JEREMY SHAPIRO** **PRES** **3/21/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #