

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11952

1. Entity Name

KENDALL HAMMOCKS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90014 008 ***150.00

Principal Place of Business

% CLIFFORD L. SUCHMAN
15675 SW 88 ST
MIAMI FL 33156
US

Mailing Address

C/O SHANE SUCHMAN R. E. CO.
1550 MADRUGA AVE S230
CORAL GABLES FL 33146-3039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0148053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUCHMAN, LAWRENCE E
1550 MADRUGA AVE SUITE 230
CORAL GABLES FL 33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DP			
	SUCHMAN, CLIFFORD L.	1550 MADRUGA AVE	CORAL GABLES FL	
	ST			
	ROBERTS, PETER A	1550 MADRUGA AVE	CORAL GABLES FL	
	V			
	SHANE, MARTIN H	1550 MADRUGA AVE	CORAL GABLES FL	
	V			
	SUCHMAN, DANIEL A	328 MINORCA AVE	CORAL GABLES FL	
	V			
	SUCHMAN, LAWRENCE E	1550 MADRUGA AVE	CORAL GABLES FL	
	V			
	STEIN, SAUL	1550 MADRUGA AVE	CORAL GABLES FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. ROBERTS

4-5-00

Date

305-667-6461

Daytime Phone #

CR2E034 (9/99)