

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L11952**

1. Entity Name

KENDALL HAMMOCKS, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90069 046 ***150.00

Principal Place of Business

Mailing Address

% CLIFFORD L. SUCHMAN
15675 SW 88 ST
MIAMI FL 33156
US**C/O SHANE SUCHMAN R. E. CO.**
1550 MADRUGA AVE S230
CORAL GABLES FL 33146
US

00015000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0148053**

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
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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	SUCHMAN, CLIFFORD L.	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	ROBERTS, PETER A	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SHANE, MARTIN H	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SUCHMAN, DANIEL A	NAME	
STREET ADDRESS	328 MINORCA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SUCHMAN, LAWRENCE E	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	STEIN, SAUL	NAME	
STREET ADDRESS	1550 MADRUGA AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	

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: *Peter A. Roberts* ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER A. ROBERTS

02-20-01

Date

305-667-6461

Daytime Phone #

CR2E034 (10/00)