

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001108

1. Entity Name

KENDALL SUMMIT INVESTORS, L.C.

FILED

W/3/20

00 MAR -7 PM 4: 16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

4601 PONCE DE LEON BOULEVARD, STE 300  
CORAL GABLES FL 33146

Mailing Address

4601 PONCE DE LEON BOULEVARD, STE 300  
CORAL GABLES FL 33146-2112



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

65-0850829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required --

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, ISAAC K

4601 PONCE DE LEON BOULEVARD, STE 300  
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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FISHER, ISAAC K  
STREET ADDRESS 4601 PONCE DE LEON BOULEVARD, STE 300  
CITY- ST- ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003179374--4  
CITY- ST- ZIP -03/22/00--01024--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME BERRIN, ROBERT  
STREET ADDRESS 4601 PONCE DE LEON BOULEVARD, STE 300  
CITY- ST- ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Isaac K. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/29/00 305-663-6683

CR2F083 (9/99)