

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M41267

1. Entity Name

KENDALL OAKS PROFESSIONAL CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90292 010 ***150.00

Principal Place of Business

Mailing Address

6401 SW 87 AVE
SUITE 212
MAIMI FL 33173
US

6401 SW 87 AVE
SUITE 212
MAIMI FL 33173-2521
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

59-2745328

Applied For

Not Applicable

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

DAVIDOW, HOWARD B
842 BLACKBIRD COURT
ROCKLEDGE FL 32955

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT ☐ Delete
NAME MCKEAN, RANDOLPH A
STREET ADDRESS 6401 SW 87 AVE., SUITE 212
CITY-ST-ZIP MIAMI FL 33173

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

TITLE PD ☐ Delete
NAME DAVIDOW, HOWARD B
STREET ADDRESS ~~8910 SW 108TH ST.~~
CITY-ST-ZIP ~~MIAMI FL 32~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 842 BLACKBIRD COURT
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE SD ☐ Delete
NAME SCHWARTZ, BEN
STREET ADDRESS 4600 OLYMPIC WAY
CITY-ST-ZIP EVERGREEN CO 80439

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

TITLE VPD ☐ Delete
NAME KEEN, JAMES W
STREET ADDRESS 14945 NW 25TH COURT
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

RANDOLPH A MCKEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-13-2000

Date

Daytime Phone #

CR2EX14 (9/99)