

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90136 046 \*\*\*\*70.00

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**DOCUMENT # N15827**

1. Entity Name

**KENDALL PARK COMMERCIAL CONDOMINIUM TWO ASSOCIAT**

Principal Place of Business

Mailing Address

~~13000 SW 120 STREET  
 MIAMI FL 33186~~

~~13000 SW 120 STREET  
 MIAMI FL 33186~~

*9/0 CMV Management Co. 9/0 CMV Management Co.*

2. Principal Place of Business

3. Mailing Address

*10934 SW 146 PL*

*10934 SW 146 PL*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Miami FL*

*Miami FL*

Zip

Country

Zip

Country

*33186*

*DADE*

*33186*

*DADE*

4. FEI Number

**59-2776859**

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

~~PERRIN, ROSE  
 13000 S.W. 120 ST.  
 MIAMI FL 33186~~

Name *CMV Management Co*  
 Street Address (P.O. Box Number is Not Acceptable) *10934 SW 146 PL*  
 City *Miami* FL Zip Code *33186*

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

*Rose Perrin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDROSO, GERARDO 12225 SW 132ND CT MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLOMON, VIRGINIA 12217 SW 132ND CT MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ROSE 1300 SW 120 ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROYO, RVANKA 13000 SW 120 ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pedroso Gerardo</i> <i>12225 SW 132 CT</i> <i>Miami FL 33186</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <i>Solomon, Virginia</i> <i>12217 SW 132 CT</i> <i>Miami FL 33186</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <i>GRANOFF, Edward</i> <i>13000 SW 120 ST</i> <i>Miami FL 33186</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virginia Maria* 3/1/01 305 387-6267  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C0032205



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)