

2002 UNIFORM BUSINESS REPORT (UBR)

0009018

DOCUMENT # N20788

1. Entity Name

KENDALL PARK COMMERCIAL CONDOMINIUM THREE ASSOCIATION, INC.

FILED

02 AUG -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% CMV MANAGEMENT CO
10934 SW 146 PL
MIAMI FL 33186

% CMV MANAGEMENT CO
10934 SW 146 PL
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0008701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PERRIN, ROSE~~ *CARMEN VARGAS*
% CMV MANAGEMENT CO
10934 SW 146 PL
MIAMI FL 33186

Name *CARMEN VARGAS % CMV Manag. 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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carmen Vargas*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

After September 13, 2002, min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	FROYO, ANTONIO	
STREET ADDRESS	13000 S.W. 120TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRIN, ROSE	
STREET ADDRESS	13000 S.W. 120TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ALTMAN, BILL	
STREET ADDRESS	12273 SW 132 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITEHOUSE, CHANDRA	
STREET ADDRESS	12259 SW 132 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Altman, Bill	
STREET ADDRESS	12273 SW 132 CT	
CITY-ST-ZIP	Miami FL 33186	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitehouse, Chandra	
STREET ADDRESS	12259 SW 132 CT	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carmen Vargas*

7/15/02 905-387-6267

CR2E037 (4/02)