

2000 UNIFORM BUSINESS REPORT (UBR)

3/7

FILED

May 31, 2000 8:00 am
Secretary of State

03-07-2000 90104 030 ****61.25

DOCUMENT # N23194

1. Entity Name

KENDALE LAKES CHAPTER #4088 OF AMERICAN ASSOCIAT

Principal Place of Business

Mailing Address

6790 SW 59TH ST
MIAMI FL 331436790 SW 59TH ST
MIAMI FL 33143-1906

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

94-3049938

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

BAUER, LAURA
6790 SW 59TH ST
MIAMI FL 33143Name
GREENWALD CLAIRE

Street Address (P.O. Box Number is not acceptable)

7500 S.W. 59TH ST #104

S. MIAMI

FL

33143

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

GREENWALD - CLAIRE - PRES. Claire Greenwald 05-1-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	YUILLE, ELSIE	
STREET ADDRESS	13324 SW 110TH TERR	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD CLAIRE	
STREET ADDRESS	7500 S.W. 59TH ST #104	
CITY-ST-ZIP	S. MIAMI FL 33143	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GROVES, JEAN	
STREET ADDRESS	6790 S.W. 59 ST	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN - MARVIN	
STREET ADDRESS	13707 KENDALL LAKES CIRCLE	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREENWALD, CLAIRE	
STREET ADDRESS	7500 S.W. 5TH PLACE, #104	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOKARSKY - OLIVE	
STREET ADDRESS	1525 S.W. 56 ST	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ATKINS, BEATRICE	
STREET ADDRESS	13007 S.W. 88 LANE	
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"/> 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"/> Delete
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:

ATKINS, BEATRICE - TREASURER

Date

Daytime Phone #

1-100 (305) 385-6538

CR2E037 (9/99)