

2001 UNIFORM BUSINESS REPORT (UBR)

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

0002976

DOCUMENT # N27007

1. Entity Name

KENDALL CROSSINGS BUSINESS CENTER, INC.

03-08-2001 90136 012 ****70.00

Principal Place of Business

Mailing Address

~~13000 SW 120TH STREET
 MIAMI FL 33186~~

~~13000 SW 120TH STREET
 MIAMI FL 33186~~

00032239

c/o CMV Management Co c/o 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.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0103505

Applied For

Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PERRIN, ROSE
 13000 SW 120 ST.,
 MIAMI FL 33186~~

7. Name and Address of New Registered Agent

Name *CMV Management Co*
 Street Address (P.O. Box Number is Not Acceptable) *Kendall Crossings Business Center*
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

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

CARMEN VARGAS
 (NOTE: Registered Agent signature required when reinstating.)

2/26/01
 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 RODRIGUEZ, EUNICE 13000 SW 120TH ST. MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROYO, IVANKA 13000 SW 120TH ST. MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ROSE 13000 SW 120TH ST. MIAMI FL 33186	<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		<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARROYO, ROSA 13026 SW 120 ST. MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, Michael 13044 SW 120 ST. MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" 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:

Rosa Arroyo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01
 Date

305 387-6267
 Daytime Phone #

CR2E037 (10/00)