

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90146 022 \*\*\*\*61.25

DOCUMENT # *N36790*

1. Entity Name

*KENDALL AIRPORT PARK ASSOCIATION, INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*40 DAVID SHAPIRO*

Suite, Apt. #, etc.

*1505 W 23 RD ST*

City & State

*MIAMI BEACH, FL*

Zip

*33140*

Country

3. Mailing Address

*40 DAVID SHAPIRO*

Suite, Apt. #, etc.

*1505 W 23 RD ST*

City & State

*MIAMI BEACH, FL*

Zip

*33140*

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

*650261216*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*DAVID SHAPIRO*

Street Address (P.O. Box Number is Not Acceptable)

*1505 W 23 RD ST*

City

*MIAMI BEACH,*

FL

Zip Code

*33140*

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

*David Shapiro*

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

(NOTE: Registered Agent signature required when reinstating)

*4/12/02*  
DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*PD  
SHAPIRO, JEREMY  
1541 BRICKELL AVE  
MIAMI, FL 33129*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*VTD  
SHAPIRO, BRIAN  
4450 N. JEFFERSON AVE  
MIAMI BEACH, FL 33140*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*VP  
GRONSKY, DOROTHY  
10220 SW 87 ST  
MIAMI, FL 33173*

TITLE  
NAME  
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CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jeremy Shapiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)