

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90122 040 \*\*\*\*61.25

**DOCUMENT # N94000003852**

1. Entity Name

**THE PALMS AT KENDALL, INC.**

Principal Place of Business

Mailing Address

~~1234 SW 123456~~  
~~MIAMI FL 33166~~  
~~US~~

~~C/O THE FOSTER CO~~  
~~1234 SW 123456~~  
~~MIAMI FL 33166~~  
~~US~~

822711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8943 S.W. 113 Place**

3. Mailing Address

**400 S.W. 107th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**312**

City & State

**Miami, FL**

City & State

**Miami, FL 33174**

4. FEI Number

**65-0516337**

Applied For

Not Applicable

Zip

**33176**

Country

**Miami-Dade**

Zip

**33174**

Country

**Miami-Dade**

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

~~SCOTT FOSTER JR~~  
~~1234 SW 92 AVE~~  
~~MIAMI FL 33166~~  
~~XXXXXXXXXX~~

Name  
**ONEIDA MORENO**

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

**400 S.W. 107th Ave. Suite # 312**

City  
**Miami**

FL

Zip Code  
**33174**

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

*Oneida Moreno*

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

(NOTE: Registered Agent signature required when reinstating)

*3/7/2000*

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	<b>VPD SERRANO, RICK 8881 SW 113 PL MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ESPINAL, DELFIN 8982 SW 113 AVE MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOAN, ANDY 8943 SW 113 PL MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GARCIA, JANET 8963 SW 113 AVE MIAMI FL 33176</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MALAVE, RAUL 11301 SW 88 TERR MIAMI FL 33176</b>	<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	<b>Secretary/D Joe Granda 11309 S.W. 92 St. Miami, FL 33176</b>	<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

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: *X*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
*ANDY BOAN*  
**President**

*3/7/2000 (305) 220-5684*  
 Date Daytime Phone #

CR2E037 (9/99)