

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004333

1. Entity Name

KENDALL BUSINESS CENTER I CONDOMINIUM ASSOCIATIO

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90040 023 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% INT'L REAL ESTATE ENT.
13000 SW 120 ST
MIAMI FL 33186-4522

% INT'L REAL ESTATE ENT.
13000 SW 120 ST
MIAMI FL 33186-4526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2005908

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FROYO, IVANKA M
% INT'L REAL ESTATE ENT.
13000 SW 120 ST
MIAMI FL 33186-4522

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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
STD
LIMA, JOSE
12319 SW 133 COURT
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VELLANTI, LUCI
18721 S. DIXIE HWY #308
MIAMI FL 33157

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GERMAIN, FRANTZ
12311 SE 133 CT
MIAMI FL 33186

☐ Delete

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CITY-ST-ZIP
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☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000 (305) 233-8872

Date

Daytime Phone #

CR2E037 (9/99)