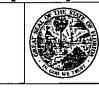
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000080329 **DOCUMENT#**

1. Entity Name

KENDALL COMMONS, INC.



## **FILED** Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90122 003 \*\*\*158.75

	•		GO WE TOO	
Principal Place of Business 2900 N.W. 7TH STREET MIAMI FL 33125		Mailing Address 2900 N.W. 7TH STREET MIAMI FL 33125		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-1037609 Applied For Not Applicable
Zip	Country	Zip ·	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent ====================================		7. Name and Address of New Registered Agent
			Name	,
CEASE, MICHAEL S 2900 N.W. 7TH STREET			Street Addres	s (P.O. Box Number is Not Acceptable)
MIAMI FL 33125				Ti- Code
			City	FL Zip Code
the obligati	ons of registered agent.  Signature, typed or printed name of registered age		TE: Registered Agent signature requ	stered agent, or both, in the State of Florida. I am familiar with, and accept ired when reinstating)
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CEASE, MICHAEL S 2900 N.W. 7TH STREET MIAMI FL 33125	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied w	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP  or the exemption stated in	Change Addition  Section 119.07(3)(i), Florida Statutes. I further certify that the information as 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 607, Florida Statutes; and that my name appear changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**