AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMEND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 17 AM 10:59

DOCUMENT # P00000080329

1. Entity Name
KENDALL COMMONS, INC.

Principal Place of Business	Mailing Address
2900 N.W. 7TH STREET MIAMI, FL 33125	2900 N.W. 7TH STREET MIAMI, FL 33125

CHECK HERE IF MAKING CHANGES MRD

2. Principal Place of Business	3. Mailing Address
2901 S.W. 8TH STREET	
Suite, Apt. #, etc. SUITE 204	Suite, Apt. #, etc.
City & State MIAMI, FL 33135	City & State
Zip / Country	Zip / Country

4. FEI Number
65-1037609
☐ Applied For
☐ Not Applicable

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
CEASE, MICHAEL S 2900 N.W. 7TH STREET MIAMI, FL 33125	Name ~~JOSE R. BOSCHETTI~~ GARY N. GERSON Street Address (P.O. Box Number Is Not Acceptable) ~~2901 S.W. 8TH STREET, SUITE 204~~ 1645 PALM BEACH LAKES BLVD SUITE 1200 City ~~MIAMI~~ WEST PALM BEACH FL Zip Code ~~33135~~ 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X _____ 7/15/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND 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	DPS ARTHUR FALCONE 2901 S.W. 8TH STREET, SUITE 204 MIAMI, FL 33135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPAS JOSE R. BOSCHETTI 2901 S.W. 8TH STREET, SUITE 204 MIAMI, FL 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JAN ICKOVIC 2901 S.W. 8TH STREET, SUITE 204 MIAMI, FL 33135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500021760435 07/24/03--01013--008 **61.25	☐ 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

CR2E034 (10/02)

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 607, 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 _____ 7/15/03 954-346-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #