

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90093 029 \*\*\*150.00

**DOCUMENT # P01000063736**

1. Entity Name  
**KENDALL SUMMIT PARK, INC.**

Principal Place of Business  
**4601 PONCE DE LEON BLVD**  
**SUITE 300**  
**CORAL GABLES FL 33146**

Mailing Address  
**4601 PONCE DE LEON BLVD**  
**SUITE 300**  
**CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1118313**

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

**ROLLNICK, NEIL S**  
**133 SEVILLA**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**ISAAC K. FISHER**

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

**4601 Ponce de Leon Blvd.**

**Suite 300**

City

**CORAL Gables**

**FL**

Zip Code

**33146**

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

*Isaac K. Fisher*  
 Signature, typed or printed name of registered agent and title if applicable.

**ISAAC K. FISHER**

**2/11/02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
**Isaac K. Fisher, President**  
 STREET ADDRESS **4601 Ponce de Leon Blvd., #300**  
 CITY-ST-ZIP **Coral Gables FL 33146**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME ☐ Change ☒ Addition  
**Secretary, Treasurer, Director**  
**Robert G. Berrin**  
 STREET ADDRESS **4601 Ponce de Leon Blvd. #300**  
 CITY-ST-ZIP **CORAL Gables, FL 33146**

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Isaac K. Fisher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Isaac K. FISHER, Pres. 2/11/02 305 663-6633**

CR2E034 (9/01)