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

## P01000068818 **DOCUMENT #**

1. Entity Name

UNITED AT KENDALL LAKES, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90186 005 \*\*\*150.00

FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State    O	1					9		
Suite. Apt. #. etc.   Chy & State   Chy & St	7975 NW 154TH ST., STE, 400			7975 NW 154TH ST., STE. 400				
Suite. Apt. #. etc.   Chy & State   Chy & St	2. Principal	Place of Busin	ness	3. Mailing Address				
City & State  Ci							101 (DI: 100)	
Zip Country Zip Country Sip Co				Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent    Name   Name   Not Acceptable				City & State		65-1123077		
Name and Address of Current Registered Agent  MCDONOUGH, BRIAN J  Street Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box Number is Not Acceptable)  City  FL  Zip Code  B. The shown named entity submits this statement for the purpose of changing its registered agent or both, in the State of Forida. I am familiar with, and accept one obligations of registered agent. or both, in the State of Forida. I am familiar with, and accept one obligations of registered agent. Or both, in the State of Forida. I am familiar with, and accept one obligations of registered agent.  SIGNATURE  FULL NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 faster  G.  OFFICHS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  AME  CARDOSO, SLIVIO  AME  CARDOSO, SLIVIO  775 RW 194TH ST., STE. 400  MAMIL LAKES FL 33016  Delate  MILL  D  MILLARES, ANTHONY  775 RW 194TH ST., STE. 400  MAMIL LAKES FL 33016  Delate  MILL  D  MILLARES, ANTHONY  775 RW 194TH ST., STE. 400  MAMIL LAKES FL 33016  Delate  MILL  D  MILLARES, ANTHONY  775 RW 194TH ST., STE. 400  MAMIL LAKES FL 33016  Delate  MILL  MR.  SIRET AUDIESS  GTY-51-7P  LE  MR.  MR.  SIRET AUDIESS	Zip 				Country	5. Certificate of Status Desired S8.75 Additi	ional	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W, FLAGLER ST.  MIAMI FL 33130  City FL Zop Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  A	<del></del>	6. Name	and Address of Current I	Registered Agent			· ·	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	MCDONO	OUGH, BRIAI	 N .J		Name			
MAMI FL 33130    City	•			•	Street Addre	ss (P.O. Box Number is Not Acceptable)		
B. 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 of the obligations of registered agent.    Change   Display	150 W. F	LAGLER ST.						
S. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept one obligations of registered agent.    Signature Typed or printed name of registered agent and the Flandicable.   (NOTE: Registered Agent signature required when reinteasive).	MIAMI FL	33130			City.			
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LE  ME  REET ADDRESS Y-ST-ZIP  Li 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 of the corporation or the receiver or trustee empowered to exactly this coarts or supplied with 1 am an officer or director.	TREET ADDRESS						ļ	
ME  STREET ADDRESS Y-ST-ZIP  Li 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 of the corporation or the receiver of trustee empowered to execute this report is and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director					CITY-ST-ZIP		}	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

305-558-2600