

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90069 011 \*\*\*150.00

**DOCUMENT # P97000076814**

1. Entity Name  
**KENDALL LAKES TOWNHOMES DEVELOPERS, INC.**

Principal Place of Business Mailing Address  
 7913 NW 2ND ST. 7913 NW 2ND ST.  
 FL 33126 MIAMI FL 33126-8000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5101 Collins Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0783673</b>	Applied For
City & State <b>MIAMI BEACH, FL</b>		City & State			Not Applicable
Zip <b>33140</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MERUELO, HOMERO F</b> <b>7913 NW 2ND ST.</b> <b>MIAMI FL 33126</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PSD</b>	NAME <b>MERUELO, RICHARD</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7913 NW 2ND ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33126</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>MERUELO, HOMERO F</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7913 NW 2ND ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33126</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>VDT</b>	NAME <b>MERUELO, BELINDA</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7913 NW 2ND ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33126</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE <b>VD</b>	NAME <b>MERUELO, HOMERO</b>	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7913 NW 2ND ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33126</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: *[Signature]* **04/18/00** (305) 865-1250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.F. (14 1999)