

- 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076814

1. Entity Name

KENDALL LAKES TOWNHOMES DEVELOPERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 20 PM 6:03

Principal Place of Business **Mailing Address**

5101 COLLINS AVE 5101 COLLINS AVE.
MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

2. Principal Place of Business **3. Mailing Address**

5101 COLLINS AVENUE 5101 COLLINS AVENUE
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**

MIAMI BEACH, FL MIAMI BEACH, FL

Zip **Country** **Zip** **Country**

33140 USA 33140 USA

4. FEI Number **Applied For**

65-0783673 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

HOMERO F. MERUELO
5101 COLLINS AVE.
MIAMI BEACH, FL #33140

7. Name and Address of New Registered Agent

Name

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

City **FL** **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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00** **After MAY 1, 2001 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 STREET ADDRESS CITY-ST-ZIP	PSD MERUELO, RICHARD 5101 COLLINS AVENUE MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERUELO, HOMERO F. 5101 COLLINS AVE. MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MERUELO BELINDA 5101 COLLINS AVE, MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERUELO, HOMERO 5101 COLLINS AVE, MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004706356-9 -12/05/01--01063--023 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **11/15/01** **(305) 865-1250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

November 15, 2001

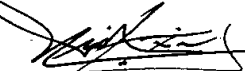
Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Florida 32314

Ref.: **FEI 65-0783673 KENDALL LAKES TOWNHOMES, INC.**

By these means I would like to inform you that I did not receive the 2001 Uniform Business Report (UBR) for the corporation referenced above, apparently it went to the wrong address. Therefore and after contacting your offices, I am hereby sending you the filing form with payment issued with check # 1196.

Please activate this corporation as soon as you get the payment, thank you in advance for the attention to this matter.

Sincerely,



Cristina Mixco
For Homero Meruelo

Cristina Mixco

From: "corphelp" <corphelp@mail.dos.state.fl.us>
To: "Cristina Mixco" <cmixco@seacoastsuites.com>
Sent: Wednesday, November 14, 2001 10:03 AM
Subject: RE: DISSOLUTION

You have stated you did not receive the annual report notices. Complete the reinstatement application and attach a letter to the application stating you did not receive the notices, and we can waive the \$600.00 reinstatement fee. You will be responsible for paying only the report fee that would have been due had you received the uniform business report/annual reports. You may call the reinstatement section at (850)487-6059 to obtain information concerning the correct fee due.

Jennifer

Internet Access

-----Original Message-----

From: Cristina Mixco [mailto:cmixco@seacoastsuites.com]
Sent: Wednesday, November 14, 2001 3:22 PM
To: corphelp@mail.dos.state.fl.us
Subject: DISSOLUTION

850 245-6059

I AM HEREBY CONTACTING YOU REGARDING KENDALL LAKES TOWNHOMES DEVELOPERS, INC. FEI #650783673 PRINCIPAL AND MAILING ADDRESS 5101 COLLINS AVENUE MIAMI BEACH, FL 33140. I RECEIVED A NOTIFICATION THAT SAYS ADMIN DISSOLUTION FOR ANNUAL REPORT. WHILE CHECKING MY RECORDS I SAW I DID NOT PAY THE 2001 UNIFORM BUSINESS REPORT (UBR) BECAUSE I DID NOT RECEIVED THE BILL, APPARENTLY IT WENT TO THE WRONG ADDRESS, THIS CORPORATION IS STILL ACTIVE AND WOULD LIKE TO KNOW WHAT TO DO TO REINSTA IT AGAIN. CONTACT ME AT CMIXCO@SEACOASTSUITES.COM <mailto:CMIXCO@SEACOASTSUITES.COM> OR CALL ME AT (305) 865-1250 EXT 1009

THANK YOU VERY MUCH FOR THE ATTENTION TO THIS MATTER.

CRISTINA MIXCO