

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90190 049 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000093356

1. Entity Name
KENDALL DEVELOPERS, INC.

Principal Place of Business **Mailing Address**

7050 S.W. 86th Av.
Miami, Fl 33143

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

7050 S.W. 86th Av. **7050 S.W. 86th Av.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Miami, Fl **Miami, Fl**
33143 **33143**
U.S.A.

4. FEI Number **Applied For**
65-0827504 **Not Applicable**

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

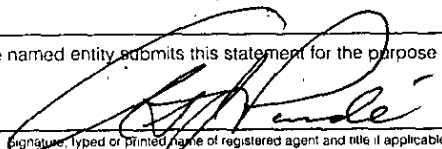
6. Name and Address of Current Registered Agent

Parlade, Alberto J.
7050 S.W. 86th Av.
Miami, Fl 33143

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  **4/11/00**
(Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE PSD NAME Sosa, R. STREET ADDRESS 7050 S.W. 86th Av. CITY-ST-ZIP Miami, Fl 33143	<input type="checkbox"/> Delete
TITLE VTD NAME Wood, N. STREET ADDRESS 7050 S.W. 86th Av. CITY-ST-ZIP Miami, Fl 33143	<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
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 PSD NAME Sosa, R. STREET ADDRESS 7050 S.W. 86th Av. CITY-ST-ZIP Miami, Fl 33143	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD NAME Wood, N. STREET ADDRESS 7050 S.W. 86th Av. CITY-ST-ZIP Miami, Fl 33143	<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:  **4/24/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #