

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S32442

1. Entity Name

KENDALL EXECUTIVE CENTER CORPORATION

Principal Place of Business

C/O WOLPERT KAUFMAN, P.A.
9200 S. DADELAND BLVD., STE. 614
MIAMI FL 33156
US

Mailing Address

C/O WOLPERT KAUFMAN, P.A.
9200 S. DADELAND BLVD., STE. 614
MIAMI FL 33156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
TWO ALHAMBRA PLAZA, STE. 1202
CORAL GABLES FL 33134

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

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.
(See criteria on back) ☒

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 DP
NAME ERWIN, EUGENE M ☐ Delete
STREET ADDRESS 4915 RIVERVIEW ROAD, NW
CITY-ST-ZIP ATLANTA GA 30327

TITLE DS
NAME LEVINE, ROBERT B ☐ Delete
STREET ADDRESS 565 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10017

TITLE D
NAME BOMBEECK, FRANK ☐ Delete
STREET ADDRESS 4350 W CYPRESS STREET, SUITE 250
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400004483894-0
STREET ADDRESS -07/18/01--01012--029
CITY-ST-ZIP *****558.75 *****558.75

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: X Eugene M Erwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 JUL -9 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0251160

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

CR2E034 (10/00)

0194735



ACCOUNT NO. : 072100000032

REFERENCE : 213193 121767A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : July 9, 2001

ORDER TIME : 12:29 PM

ORDER NO. : 213193-025

CUSTOMER NO: 121767A

CUSTOMER: Ms. Heather Irving
Karp & Genauer, P.a.
Suite 1202
2 Alhambra Plaza
Coral Gables, FL 33134

ANNUAL REPORT FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL 19 PM 1:01
NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: KENDALL EXECUTIVE CENTER
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____