

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709622

1. Entity Name

KEN-DADE CONDOMINIUM, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90043 008 ****70.00

Principal Place of Business

THE SCOTT CO
13323 NW 11 DR
SUNRISE FL 33323
US

Mailing Address

THE SCOTT CO.
13323 NW 11 DR
SUNRISE FL 33323
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1267941

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DRIVE, #250
MIAMI FL 33126

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | SPRINGER, WILLIAM | |
| STREET ADDRESS | 9175 SW 77TH AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | YANG, WENYI | |
| STREET ADDRESS | 9175 SW 77 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | POWELL, DIANA | |
| STREET ADDRESS | 7965 SW 17 TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | TURNER, GROCE | |
| STREET ADDRESS | 9175 SW 77TH AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COVIN, CECILIA | |
| STREET ADDRESS | 9175 SW 77TH AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVERAUX, HARRY | |
| STREET ADDRESS | 9175 SW 77 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, MIKE | |
| STREET ADDRESS | 9175 SW 77 AVE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FULLER, EMMA | |
| STREET ADDRESS | 9175 SW 77 AVE | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, IDA | |
| STREET ADDRESS | 9175 SW 77 AVE | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Y. Baidem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/00

Date

Daytime Phone #

CR2E037 (5/00)