

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709622

1. Entity Name

KEN-DADE CONDOMINIUM, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-1267941

Applied For

Not Applicable

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90255 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)