

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90041 044 ****75.00

DOCUMENT # 709622

1. Entity Name

KEN-DADE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

THE SCOTT CO
13323 NW 11 DR
SUNRISE FL 33323
US

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

2. Principal Place of Business

J. Poole Associates

3. Mailing Address

J. Poole c/o Jacobs-Alfonso

Suite, Apt. #, etc.

12509 S. Dixie Hwy.

Suite, Apt. #, etc.

12509 S. Dixie Hwy.

City & State

Pinecrest, Florida

City & State

Pinecrest, Florida

Zip

33156

Country

USA

Zip

33156

Country

USA

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	DEVEAUX, HARRY	
STREET ADDRESS	9175 SW 77TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOSTER, MIKE	
STREET ADDRESS	9175 SW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FULLER, EMMA	
STREET ADDRESS	9175 SW 77 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IDA	
STREET ADDRESS	9175 SW 77TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" 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	President /Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrence J. Thompson II	
STREET ADDRESS	9175 S.W. 77 Ave.	
CITY-ST-ZIP	Miami, FL	
TITLE	VP / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Warren "Mike" Foster	
STREET ADDRESS	9175 S.W. 77 Ave.	
CITY-ST-ZIP	Miami, FL	
TITLE	Secretary /Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Estrella Espinosa	
STREET ADDRESS	9175 S.W. 77 Ave.	
CITY-ST-ZIP	Miami, FL	
TITLE	Treasurer /Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haiderma Hernandez	
STREET ADDRESS	9175 S.W. 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)