2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State **DOCUMENT # 709241** 70 05-16-2001 90049 018 ****61.25 INTERCONDOMINIUM, INC. Principal Place of Business Mailing Address C/O KAZANOFF, S C/O MINNIE OILL 1770 KENNEDY CAUSEWAY #106 1770 79 ST CAUSEWAY NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1595291 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .- ---Name Street Address (P.O. Box Number is Not Acceptable) PMS CORPORATION 8299 CORAL WAY **MIAMI FL 33155** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD TITLE Delete TITLE KAZANOF, STANLEY . BOTET, WARNOLD NAME NAME APTA-112 1800 Kennedy CAUSEWAY STREET ADDRESS 1770 KENNEDY CAUSEWAY 106 STREET ADDRESS CITY-ST-ZIP N. BAY Village CITY-ST-ZIP N. BAY VILLAGE FL **A**-Change TITLE ☑ Delete TITLE Gil, Pedro OILL, MINNIE NAME NAME Causeway apt D-305 1770 KENNEDY CAUSEWAY 1770 Kennede STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---N. BAY VILLAGE FL TITLE Delete TITLE NAME KEMPNER, ANN NAME Schiaffino, Osvaldo 1780 Kennedy CAUSEWAY apt C-108 STREET ADDRESS STREET ADDRESS 1800 KENNEDY CAUSEWAY CITY-ST-ZIP CITY-ST-ZIP N. Bay Village, FI N. BAY VILLAGE FL TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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 an appears with an other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

04/20/01

305-866-8737