NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 709954

1. Entity Name

WILEY CONDOMINIUM APTS., INC.

FILED Apr 29, 2002 8:00 am Secretary of State

04-29-2002 90151 032 ****61.25

DO NOT WRITE IN THIS SPACE 642218 2. Principal Place of Business 3. Mailing Address 1719 Wiley Street 1719 Wiley Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit #15 <u>Unit #15</u> City & State City & State 4. FEI Number Applied For Hollywood, Florida <u> Hollywood Florida</u> Not Applicable 59-1202375 Zip Country \$8.75 Additional 5. Certificate of Status Desired - BWD ∴ / 33020-6561 330<u>20-656</u>1 BWD Fee Required 7. Name and Address of Current Registered Agent GLADYS MONTICELLI DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable). IN THIS SPACE 1719 WILEY STREET UNIT #15 Zio Code 33020 HOLLYWOOD 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 Gladys Monticelli 4/15/02 Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 . 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State OFFICERS AND DIRECTORS 10. President TITLE TITLE NAME Gladys Monticeli NAME STREET ADDRESS 1715 Wiley Street Apt 15 STREET ADDRESS CITY-ST-ZIP Hollywood FL 33020 CITY-ST-ZIP TITLE Vice-President TITLE NAME Craig E. Reese NAME STREET ADDRESS P 0 Box 220143 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 33020 TITLE Secretary NAME NAME Roni, Galacki STREET ADDRESS STREET ADDRESS -1715-Wiley-Street-Apt-3 DO NOT WRITE CITY-ST-7IP CITY-ST-7IP Hollywood, FL 33020 TITLE TITLE IN THIS SPACE Tresurer NAME NAME Craig E. Reese STREET ADDRESS 1719 Wiley Street Apt 18 Hollywood FL 33020 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director TITLE NAME Daniel Margelu NAME STREET ADDRESS 1719 Wiley Street Apt 19 Hollywood, FL 33020 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DIRECTOR TITLE NAME Basil Lee, Glashow NAME STREET ADDRESS 1715 Wiley Street Apt 12 STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roni Galacki

Hollywood, FL 33020

Rome

4/15/02

(954) 921-5994