5/4 FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 19, 2001 8:00 am DOCUMENT # 717062 Secretary of State 1. Entity Name THREE HORIZONS, EAST, CONDOMINIUM, INC. 05-04-2001 90107 048 ****61.25 Principal Place of Business Mailing Address 7071 W. COMMERCIAL BLVD. 7071 W. COMMERCIAL BLVD. TAMARAC FL 33319 TAMARAC FL 33319 US: 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 59-1438436 Not Applicable Zip Country Country Zip \$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 SUNRAE MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 7071 W. COMMERCIAL BLVD. TAMARAC FL 33319 City Zip Code 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. FILE NOW: Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, <u>60</u> Addition TITLE Delete TITLE ☐ Change NAME NAME Bhupsurah, James 12500 HE 15th Aven SCARLINS, ETTORE STREET ADDRESS STREET ADDRESS 12500 N.E. 15TH AVE., APT. 515 3R2E037 CITY-ST-ZIP CITY-ST-ZIP . Miami FL 33/61 NORTH MIAMI FL 33161 TITLE VD D Oelete TITLE VPD Addition NAME BHUPSINGH, DEREK NAME BELL NETS & Aren STREET ADDRESS STREET ADDRESS 12500 N.E. 15TH AVE., APT. 503 CITY-ST-ZIP CITY-ST-ZIP 3316 Y NORTH MIAMI FL 33161 TITLE TD Delete TITLE CΠ ☐ Change Addition Rodriguez-Evelyn 12500 NE 1510 A NAME HELD, FRANK J -NAME STREET ADDRESS STREET ADDRESS NE 1518 Avenu# 602 12500 NE 15TH AVE., APT. 511 CITY-ST-ZIP CITY-ST-ZIP · Miami Fl NORTH MIAMLEL 33161 TITLE ☐ Delete TITLE ☐ Change **□**-#ddition NAME MAME MESTREZAT, ELENA STREET ADDRESS STREET ADDRESS 12500 NE 15TH AVE., APT. 511 CHY-ST-7F CITY-ST-ZIP NORTH MIAM! FL 33161 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 piter like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1005/4/2001

981-7787

ate

Deytime Phone #