

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 OCT 15 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 717062**

1. Entity Name  
**THREE HORIZONS, EAST, CONDOMINIUM, INC.**



Principal Place of Business  
**12500 N.E. 15 AVENUE  
N. MIAMI, FL 33161 US**

Mailing Address  
**12500 N.E. 15 AVENUE  
N. MIAMI, FL 33161 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2500 NW 97 Ave.  
Suite, Apt. #, etc.  
200**

City & State  
**MIAMI, FL**

Zip Country  
**33172**



4. FEI Number  
**59-1438436**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROBERTS MANAGEMENT CO., INC.  
1840 N.E. 463 STREET  
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent  
Name **SPM GROUP, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2500 NW 97th Ave  
Suite 200**  
City **MIAMI** FL Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **EDUARDO RETUNADO / MANAGER** **9/23/03**  
Signature by authorized agent and file if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

**FILE NOW. FEE IS \$81.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	FLOREZ, ANA	12600 N.E. 15 AVENUE #415	N. MIAMI, FL 33161	<input checked="" type="checkbox"/>
V	ALEMAN, OSCAR	12600 N.E. 15 AVENUE, #516	N. MIAMI, FL 33161	<input type="checkbox"/>
D	ALEMAN, RAFAEL	12600 N.E. 15 AVENUE, #301	N. MIAMI, FL 33161	<input type="checkbox"/>
D	VACATO, BRUNO	12600 N.E. 15 AVENUE, #407	N. MIAMI, FL 33161	<input type="checkbox"/>
D	RODRIGUEZ, EVELYN	12600 N.E. 15 AVENUE, #602	N. MIAMI, FL 33161	<input type="checkbox"/>
T	BEIL, IDA	12600 N.E. 15 AVENUE, #306	N. MIAMI, FL 33161	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	ALEMAN, OSCAR	12500 NE 15 AVE # 516	N. MIAMI, FL 33161	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	INGE, LEONOR	12500 NE 15 AVE # 101	N. MIAMI, FL 33161	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	SALGADO, OLIVIA	12500 NE 15 AVE # 315	N. MIAMI, FL 33161	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		300023798133	10/15/03--01004--001		**61.25

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 817, 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:  **Otin Salgado** **9/23/03 (305) 4466757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (10/02)

9/10/16