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

DOCUMENT # 717098

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90465 045 ****61.25

2 NE. 204TH ST. 10. MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Country Country Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name HASHIM, RAYMOND 52 N.E. 204TH ST. #17 MIAMI FL 33179 City C	RO-MONT GARDE	ns andover co	NDOMINIUM "K", INC.			2 00 2000 00 100 00 10			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES	52 N.E. 204TH ST. 52 I		52 N.E. 204TH ST.	52 N.E. 204TH ST.					
City & State Country Country Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name HASHIM, RAYMOND 52 N.E. 204TH ST. #17 MIAMI FL 33179 City City FL Zip Code City FL Zip Code City FL Zip Code City FL City City FL City City FL City City FL City City City City City FL City City City FL City City FL City FL City City FL City City City City	2. Principal Place of Busi	ness	3. Mailing Address	. Mailing Address					
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name HASHIM, RAYMOND 52 N.E. 204TH ST. #17 MIAMI FL 33179 City FL Zip Code The above named entity submits-tific-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. IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE Make Check Payable to Florida Department of State	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HASHIM, RAYMOND 52 N.E. 204TH ST. #17 MIAMI FL 33179 City FL Zip Code City FL Zip Code City FL City City FL Cit	City & State		City & State		4. FEI Number 59-1364102		Applied For Not Applicable		
HASHIM, RAYMOND 52 N.E. 204TH ST. #17 MIAMI FL 33179 City FL Zip Code The above named entity submits iffis: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. HIGNATURE 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 Added to Fees Make Check Payable to Florida Department of State	Zip	Country	Zip	Country	5. Certificate of Sta				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits-tiffs:statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable obligations of registered agent. 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. Added to Fees Make Check Payable to Florida Department of State	6. Nam	e and Address of Curre	nt Registered Agent		7. Name and Addre	ess of New Registered Age	ent .		
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, 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. Added to Fees Make Check Payable to Florida Department of State	52 N.E. 204TH ST. #17								
IGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				City		FL	Zip Code		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State	the obligations of regis	tered agent				ne State of Florida. I am fam	niliar with, and accept		
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State		d or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE			
0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	FILE NOW: FFE IS \$61.25 9. Election Campai								
	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				

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10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	IRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASHIM, RAYMOND 52 NE 204TH ST #17 MIAMI FL 33179	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERIN, PHILIPPE 52 NE 204TH ST #7 MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROEMER, DOROTHY 52 NE 204TH ST #14 MIAMI FL 33179	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVEIRA, LIL 52 NE 204th MIAMI, FL.33	St #28	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HASHIM, GRACE 52 NE 204TH ST #17 MIAMI FL 33179	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABDALLAH, JAC 52 NE 204th MIAMI, FL 331	QUELINE ST #1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARRON, MARCEL 52 NE 204TH ST # 29 MIAMI FL 33179	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THAMITY EL 33E		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PRICE, LAURA 52 NE 204TH ST #10 MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE REQUIRED