

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91308 029 ****61.25

DOCUMENT # 720437

1. Entity Name

PALMS ASSOCIATION OF ALTON ROAD, INC.

Principal Place of Business

1025 ALTON ROAD. APT. 508
 APT. 702
 MIAMI FL 33134
 US

Mailing Address

366-ALLAZAR AVE
 STE 303
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

3. Mailing Address

Q/SPM Group, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2500 NW 9TH AVE. #200

City & State

City & State
Miami FL

Zip

Country

Zip
33172

Country

USA.

4. FEI Number

59-2229952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BERGER, ROSS~~
~~1025 ALTON RD~~
~~#702~~
~~MIAMI BEACH FL 33139~~

Name **RICHARD ROSINSKI**

Street Address (P.O. Box Number is Not Acceptable)

1025 Alton Rd #208

City **Miami Beach FL**

Zip Code
33139

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 **RR**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-7-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DR** ☐ Delete
 NAME **MELENDEZ, GEORGE**
 STREET ADDRESS **1025 ALTON ROAD #305**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☒ Change ☐ Addition
 NAME **MELENDEZ, Jorge**
 STREET ADDRESS **1025 Alton Road #305**
 CITY-ST-ZIP **Miami, FL 33139**

TITLE **DVP** ☐ Delete
 NAME **DASKA, SAMMY**
 STREET ADDRESS **1025 ALTON ROAD #701**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Berger, Ross**
 STREET ADDRESS **1025 Alton Rd. # 702**
 CITY-ST-ZIP **Miami, FL 33139**

TITLE **DS** ☒ Delete
 NAME **VELASQUEZ, CARIDAD**
 STREET ADDRESS **1025 ALTON ROAD #404**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Change ☒ Addition
 NAME **Rolando Pastor**
 STREET ADDRESS **1025 Alton Rd #303**
 CITY-ST-ZIP **Miami FL 33139**

TITLE **TD** ☐ Delete
 NAME **SANTOS, LUIS**
 STREET ADDRESS **1025 ALTON ROAD #405**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Change ☒ Addition
 NAME **DANIEL Di Monti**
 STREET ADDRESS **1025 Alton Rd #604**
 CITY-ST-ZIP **Miami, FL 33139**

TITLE **D** ☐ Delete
 NAME **BERGER, ROSS**
 STREET ADDRESS **1025 ALTON ROAD #702**
 CITY-ST-ZIP **MIAMI FL 33139**

TITLE **D** ☐ Change ☒ Addition
 NAME **JOE CAFARU**
 STREET ADDRESS **1025 Alton Rd #602**
 CITY-ST-ZIP **Miami, FL 33139**

TITLE **D** ☐ Delete
 NAME **PEREZ, ISABEL**
 STREET ADDRESS **1025 ALTON ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D/S** ☐ Change ☒ Addition
 NAME **Richard ROSINSKI**
 STREET ADDRESS **1025 Alton Rd #208**
 CITY-ST-ZIP **Miami, FL 33139**

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 other like empowered.

SIGNATURE: **RR** **SIGNATURE REQUIRED** **5-5-01 305 9446377**

CR2E037 (10/00)