2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 726850** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name CALUMET CONDOMINIUM ASSOCIATION, INC. 04-24-2000 90204 012 ****61.25 Mailing Address Principal Place of Business 1281 W. 29TH STREET 1281 W. 29TH STREET HIALEAH FL 33012-5502 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address 281W2957 12811295 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Pee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, FELIX 1281 WEST 29TH STREET HIALEAH FL 33012 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. DINECTOR (NOTF: Registered Agent signature required when reinstating Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition PD Change TITLE TITLE Delete NAME GARCIA, AMELIA NAME 128102957#11 STREET ADDRESS 1281 W. 29TH STREET, UNIT #4 STREET ADDRESS HIALEAH FLA 33012 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Addition ☐ Delete Change TITLE CARMEN GUELMES **GUELMES, CARMEN** 1281 Wa951#16 NAME STREET ADDRESS STREET ADDRESS 1281 W. 29TH ST., STE. 16 HIALEAH. FLA 33012 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE ☐ Change ☐ Addition ERASMO FERNÁMEZ ☐ Delete FERNANDEZ, ERASMO NAME NAME 1281W 295T # 23 WIALEAH.FLA 33012 STREET ADDRESS STREET ADDRESS 1281 W. 29TH ST., STE. 23 CITY-ST-ZIP CITY-ST-ZIP 1 HIALEAH FL 33012 ☐ Change ☐ Addition TITLE Delete NAME RODRIGUEZ, FELIX NAME STREET ADDRESS STREET ADDRESS 1281 WEST 29ST #6 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #