2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # 764894 OLSEN HOTEL CONDOMINIUM ASSOCIATION, INC. 01-27-2000 90087 040 ****61.25 Mailing Address Principal Place of Business % J&H MANAGEMENT 7300 OCEAN TERRACE 275 FOUNTAINBLEAU BLVD., #200 MIAMI BEACH FL 33141 708061 MIAMI FL 33172-4576 3. Mailing Address 2. Principal Place of Business Suite, As & Cundo Management Maintenance, Inc. The Fontainebleau Blvd., Suite 200 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & StateMianti, FL 33172 Applied For City & State 4. FEI Number 59-2420768 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **TUDZAROV & GREENBERG** 345 WEST OAKLAND PARK BLVD FT. LAUDERDALE FL 33311 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be i. Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition TITLE TIT! F Delete SOME AROURA NAME Fontainebleau Blud #200 NAME CHEHBAR, GABRIEL STREET ADDRESS STREET ADDRESS 7300 OCEAN TERRACE 25)193 Winni FL CITY-ST-7IP CITY-ST-7IP MIAMI BEACH FL 33141 ☐ Addition ☐ Delete TITLE TITLE VD RIOS K. UAZQUEZ NAME NAME #300 CRAYTON, GARY 275 Fontainebleau Blud STREET ADDRESS STREET ADDRESS 7300 OCEAN TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 5/D Delete Change ☐ Addition TITLE TITLE PD aciaio moua NAME NAME ARDURA, GEORGE 205 FORTH WEDLEAU Blud \$200 STREET ADDRESS STREET ADDRESS 7300 OCEAN DR. #213 CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH FL 33141 Addition TITLE Change □ Delete TITLE TD NAME NAME CRAYTON, GARY STREET ADDRESS STREET ADDRESS 7300 OCEAN TERRACE CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report a upplemental 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 this report is either 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 attraction with an address, with all other like empowered.

Daytime Phone #