2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am DOCUMENT # 764894 **Secretary of State** 02-03-2001 90295 003 ****61.25 OLSEN HOTEL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7300 OCEAN TERRACE % J&H MANAGEMENT MIAMI BEACH FL 33141 275 FOUNTAINBLEAU BLVD., #200 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. & M. Condo Management Suite, Apt. & Maintenance, Inc. 275 Fontainebleau Blvd., Suite 200 City & State Miami, FL 33172 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2420768 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **TUDZAROV & GREENBERG** 345 WEST OAKLAND PARK BLVD FT. LAUDERDALE FL 33311 Zip Code Fl 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE Delete TITLE Change ☐ Addition JORGE, ARDURA NAME NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD # 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Delete TITLE Change ☐ Addition VAZQUEZ, CARLOS NAME NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD # 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI:FL 33172~ TSD TITLE Delete TITLE Change ☐ Addition MOYA, ELIGIO NAME NAME STREET ADDRESS STREET ADDRESS 275 FONTAINEBLEAU BLVD # 200 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Delete TITLE Change ☐ Addition CRAYTON, GARY STREET ADDRESS 7300 OCEAN TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition

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 of 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 of the corporation or the receiver of trustee empower changed, or on an attachment with an address, with

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST~ZIP

TORGE I ARBURY) 1-16-2009

FILED