2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N0000005468 1. Entity Name CITYPLACE TOWER CONDOMINIUM ASSOCIATION, INC. 04-30-2001 90147 027 ****70.00 Mailing Address Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 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) CHESNICK, ANDREW H 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Addition TITLE NAME ROCHA. ROBERTO S STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PENTHOUSE SUITE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 TITLE ۷Ď ☐ Delete TITLE ☐ Change ☐ Addition NAME SURIOL, JOSE M NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PENTHOUSE SUITE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** TITLE STD ☐ Delete THLE ☐ Change ☐ Addition NAME CHESNICK, ANDREW H NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PENTHOUSE SUITE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 emporate and that my name appears in Block 10 or Block 11 if changed or an attachment of the corporation of the receiver o changed, or on an attachmen e empowered.

to ON H SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #