FILED May 29, 2002 8:00 am Secretary of State

2002 U	JNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # N0000005468 04-30-2002 90210 024 ****70 00 CITYPLACE TOWER CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Ζip 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) HERNANDEZ, ANGEL 2828 CORAL WAY PENTHOUSE SUITE City Zip Code **MIAMI FL 33145** 6: 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Celete TITLE 10/6) ROCHA, ROBERTO S NAME NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 Detete Change Addition TITLE STDV TITLE SURIOL JOSE M NAME HERNANDEZ, ANGEL NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS 2828 Coral Way, Penthouse Suite Miami, Fl 33145 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIAMI FL 33145 STD. Oeiere TITLE ☐ Change JILE CHESNICK, ANDREW H NAME NAME BALLARD, TROY 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS 2828 Coral Way, Penthouse Suite Miami,F1 33145 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Mia**mi** FL 33145 ☐ Celete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP nìtE ☐ Oeleta TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS 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 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 changed, or on an attachment with an address, with all other tike empowered ANGEL HERNANDEZ

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: