NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Nam	MENT # 1/0236 /			U3 A	OE 18 AM 8:38	
	ET CONSOMINIUM	ASOC, INC		SEC TALL	RETARY OF STATE AHASSEE, FLORIDA	•
	DO NOT WRITE	IN THIS SE	ACE			٠
	Place of Business	3. Mailing Address				
	W. 44 ST#C	13/11/12/4/S Suite, Apt. #, etc.	7	2003	DO ANDAR	NNER
					PAME	UNCL
City & State	EAH R	City & State MALEAH	(A)	4. FEI Number 56-2	317439	Applied For Not Applicable
Zip -3.30	Country USA	Zip 330/2	Country	5. Certificate of	Status Desired	8.75 Additional
(G ()	-5 2 3 3 4 3 4 5 4 5 4 5 4 5 4 5 5 5 5 5 5 5			7. Name and Add	ress of Current Registered A	·
t wastig and order	A STATE OF THE PARTY OF THE PAR	Land - March Land	Name	U15 A. RO	DRIGUEZ.	
	DO NOT W	RITE		ddress (P.O. Box Number is		
	IN THIS SP	ACE	131	1 W. 4457	#C	
			City	DUEAH FR	33012- FL	Zip Code
	named entity submits this statement for ions of registered agent.	the purpose of changing its	egistered office or	registered agent, or both, i	n the state of Florida, I am fam	niliar with, and accept
wio obligation	ONlaste				٠,	. ,
SIGNATURE	1 11	LUIS A. RO	DRIGU	EZ, PAES	5/DONT 08/	11/03
A SANTE T	Signature, troop or printed name of registered agent a	to the a application. (AO16.	indigation rigori signou	no required when revisioning?	100115	
	FEE IS \$61.25 Initial or Amended UBR	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be Added to Fees	Make Check Florida Departn	Payable to
10.	Initial or Amended UBR	Trust Fund Co	paign Financing	\$5.00 May Be	Make Check	Payable to
TIFLE	OFFICERS AND DIR	Trust Fund Co	paign Financing ontribution.	\$5.00 May Be	Make Check	Payable to
	OFFICERS AND DIRIL LUIS A. RODNIAUE 1311 W 445T#C	Trust Fund Co	ipaign Financing ontribution. IITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check Florida Departin	Payable to nent of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI LUIS A. RODNIGUE 1311 W 445T#C HALEMH, Fr. 336	Trust Fund Co	ipaign Financing ontribution. IIILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Check Florida Departin	Payable to nent of State
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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 cath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES