2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am DOCUMENT # N04429 **Secretary of State** 1. Entity Name VALENTINO CONDOMINIUM HOMEOWNERS ASSOCIATION, IN 03-26-2001 90071 040 ****70.00 Principal Place of Business Mailing Address AMERICA MANAGEMENT & REALTY, INC. C/O E. HERRERA 1632 W. 42ND PLACE 2011 WEST 62 STREET HIALEAH FL 33012 HIALEAH FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 26-6196959 Not Applicable -Country Country \$8.75 Additional 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) AMERICA MANAGEMENT & REALTY HENRY HERNANDEZ 2011 WEST 62 STREET Zip Code HIALEAH FL 33016 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 Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PD TITLE ☐ Delete TITLE ☐ Change NAME AQUINO, ISRAEL NAME STREET ADDRESS STREET ADDRESS 1634 W. 42ND PL CITY-ST-ZIE HIALEAH FL 330/7 CITY-ST-ZIP X Addition X Delete STD TITLE ☐ Change TITLE SD HERRERA, OECILIA NAME NAME HERRERA, ENRIQUE STREET ADDRESS 1632 W. 42ND PL STREET ADDRESS 632 W 42 PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH'FL **** HIALEAH, FL. 33012 Addition. _____. Change TITLE SOLESMENSO NAME NAME OPEZ, EDUARDO 1631 M2ND ST. 1635 W. 42 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE HIALEAPKEI HIALEAH, FL 33012 Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 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 attach

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Daytime Phone #