2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Feb 10, 2003 8:00 am Secretary of State **DOCUMENT # N07654** 1. Entity Name 02-10-2003 90183 003 ****70.00 NEW WORLD II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1460-A NW 107TH AVE. 1460-A NW 107TH AVE. MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2530211 Applied For 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 ISERN, JOSEPH P. - RES. MGR. SAUR Street Address (P.O. Box Number is Not Acceptable) 1460-A NW 107TH AVE. **MIAMI FL 33172** Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change Addition MESA. NOELIA NAME NAME STREET ADDRESS 1460 Q NW 107TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FAMADA, MARIO NAME STREET ADDRESS 1470 C NW 107TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP DST TITLE ☐ Delete TITLE ☐ Addition ISERN, JOSEPH 1460A NW 107 AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SEGRERA. PEDRO NAME NAME STREET ADDRESS 1460-M NORTHWEST 107 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE D۷ ☐ Delete TITLE ☐ Change ☐ Addition OROZCO, PABLO NAME NAME 1450 NORTHWEST 107 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami Fl CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 or trustee employered 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 th all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

FILED