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

APPROVED AND FILED

03 MAR 17 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11898

1. Entity Name
MIDWAY MALL TOWNHOUSES CONDOMINIUM ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

2. Principal Place of Business	3. Mailing Address
8001 NW 7St	SAME
Suite, Apt. #, etc.: UNIT # 1	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State
Zip: 33126 Country: USA	Zip Country

4. FEI Number: 59-2814192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ADA B. CRUZ

Street Address (P.O. Box Number is Not Acceptable): 8001 NW 7th STREET-UNIT #1

City: MIAMI **FL** Zip Code: 33126

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. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 "2002" **Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT NAME: ADA B. CRUZ ("D") STREET ADDRESS: 8001 NW 7th ST-UNIT #1 CITY-ST-ZIP: MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VICE-PRESIDENT NAME: MARIA ROMERO ("D") STREET ADDRESS: 8001 NW 7th ST-UNIT #13 CITY-ST-ZIP: MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800014103588 03/17/03--01005--008 **297.50
TITLE: SECRETARY NAME: ERAYDA MENESES ("D") STREET ADDRESS: 8001 NW 7th ST-UNIT 14 CITY-ST-ZIP: MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE: TREASURE NAME: ORLANDO GUTIERREZ ("D") STREET ADDRESS: 8001 NW 7th ST-UNIT #19 CITY-ST-ZIP: MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
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CR2E037B (12/01)

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #