## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2002 8:00 am DOCUMENT # N16599 Secretary of State 1. Entity Name 03-24-2002 90091 003 \*\*\*\*61.25 THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSO CIATION INC. Principal Place of Business Mailing Address C/O MIAMI MANAGEMENT C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE 14275 SW 142 AVENUE MIAMI FL 33196 MIAMI FL 33196 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 59-2811892 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TRIAY, CARLOS A ESQ 999 PONCE DE LEON BLVD. STE. 110 City Zip Code CORAL GABLES FL 33134 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) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE - President - Treasurehange ☐ Delete TITLE Galdina Cabrora NAME CABRERA, TONY NAME STREET ADDRESS 11080 SW 155 Place STREET ADDRESS 11080 SW 155TH PL CITY-ST-ZIP CITY-ST-ZIP miame MIAMI FL 33196 TITLE ☐ Change ☐ Addition TITLE TD Delete NAME CASTILLO, ARGENTINA NAME STREET ADDRESS 15570 SW 111 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33196 \_\_Change\_ \_\_\_\_\_.Addition\_ TITLE TITLE SD . 🔲 . Delete CONTRACTOR, NORALIS NAME NAME STREET ADDRESS STREET ADDRESS 11001 SW 155 PLACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 attachment with an address, with all other like empowered.

TITLE NAME

TIT! F

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

President 3-01

Daytime Phone #

Change

Change

☐ Addition

☐ Addition