FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 02, 2002 8:00 am Secretary of State **DOCUMENT # N31413** 09-02-2002 90148 005 ****70.00 DAY AVENUE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3054-1/2 DAY AVENUE 3054-1/2 DAY AVENUE MIAMI FL 33133-5109 MIAMI FL 33133-5109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0217693 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) STARK, STEVEN E 100 SE SECOND ST 18TH FLOOR NATIONS BANK TOWER **MIAMI FL 33131** City 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 After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP (4/02)☐ Delete TITLE ☐ Addition ☐ Change THEVENIN, DEBORAH M NAME STREET ADDRESS 3054 1/2 DAY AVE. STREET ADDRESS **CR2E037** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DST ☐ Delete TITLE TITLE Change Addition STARK, STEVEN NAME NAME STREET ADDRESS 3054.1/2 DAY AVENUE STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ___ Addition BRUNI, MARK NAME NAME STREET ADDRESS 3054 DAY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 life expowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP ☐ Change

Addition

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: \$1500 TUP TIESUIFS From E. Stock 08/28/02 (305) 785-823/

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME