FILED

## 2003 NOT-FOR-PROFIT CORPORAT UNIFORM BUSINESS REPORT (UBR)

## Jun 25, 2003 8:00 am Secretary of State **DOCUMENT # N31413** 06-25-2003 90074 018 \*\*\*\*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 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0217693 City & State City & State 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 STARK, STEVEN E Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST 18TH FLOOR NATIONS BANK TOWER **MIAMI FL 33131** Zin Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DP ☐ Delete TITLE ☐ Change Addition NAME THEVENIN, DEBORAH M NAME STREET ADDRESS 3054 1/2 DAY AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP DST ☐ Delete ☐ Addition TITLE Change F: | STARK, STEVEN STREET ADDRESS 3054 1/2 DAY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete ☐ Change ☐ Addition BRUNI, MARK NAME STREET ADDRESS STREET ADDRESS 3054 DAY AVENUE CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33133** Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 there like appowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP