2002 UNIFORM BUSINESS REPORT (UBR)

SIGNAXWEE BUROWLED

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # **N94000002846** 03-14-2002 90074 011 ****61.25 1. Entity Name THE EXOTIC VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 927 16TH ST. 927 16TH ST. MIAMI BEACH FL 33139-2603 MIAMI BEACH FL 33139-2603 2. Principal Place of Business 3. Meiling Address 941 lbth Street 941 16th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Beach , Fl Miami Beach 65-0500410 Miami Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sarah-Beth Weber-Street Address (P.O. Box Number is Not Acceptable) HEMINGWAY, ALEXIA H **927 16TH STREET** 941 16th Street MIAMI FL 33139 Miami Beach 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) \$5.00 May Be 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PIT ☐ Change Addition (9/01 President and Treasurer TITLE ☐ Delete TITLE Weber Sarala Beth 941 16th Street NAME GOLLOP, BARRY NAME (Director "D") STREET ADDRESS STREET ADDRESS 1605 MICHIGAN AVENUE Miami Beach FL 33159 CITY-ST-76P CITY-ST-ZIP MIAMI BEACH FL 33139 Vice President (The Change ☐ Addition TITLE ☐ Delete TITLE **VPD** NAME Gollop, Barry 1005 Michigan Avenue i Director "D') NAME DIMURO, GIUSEPPE STREET ADDRESS STREET ADDRESS 945' 16TH STREET Mlami Beach FL 33139 CITY-ST-7/P CITY-ST-ZIP MIAMI BEACH FL 33139 Scintary Banta Cruzi Carlos 3540 Rockemen Road Miami FL 53133 Addition Delete ☐ Change TITLE TITL F DST NAME: NAME HEMINGWAY, ALEXIA "(Director STREET ADDRESS STREET ADDRESS 927 16TH STREET CITY-ST-ZIP CITY-ST-78 MIAMI BEACH FL 33139 Delete Change ■ Addition DILE Assistant Secretary Dimuro, Glusepa 945 16th Street Miami Beach FL NAME NAME CRAMER, PAUL (Director 'D') STREET ADDRESS STREET ADDRESS 3158 LUCAS LAKE ROAD CITY-ST-ZIP City-St-ZiP CHIPLEY FL 32428 ☐ Addition TITLE ☐ Delate TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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.

2/24/02

FILED