2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N96000006342 May 26, 2000 8:00 am Secretary of State 1. Entity Name BONITA GOLF VIEW TOWNVILLAS STAGE I CONDOMINIUM 05-26-2000 90114 033 ****61.25 Principal Place of Business Mailing Address C/O R GONZALES & ASSOCIATES 8005 NW 155TH ST MIAMI FL 33016 2160 S W 137TH PL MIAMI FL 33175-1080 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0850469 Not Applicable Country \$8.75 Additional Zip 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 U. GONZALEZ 35 JS Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, JESUS R 2160 SW 137 PL **MIAMI FL 33173** 3 84 City Miami 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTØRS IN 10 10. Delete Change Addition TITLE TITLE ELIO ACOSTA CT #305 NAME NAME BELLON, LEO STREET ADDRESS 13200 SW 128 ST #G STREET ADDRESS FL 33015 CITY-ST-ZIP CITY-ST-ZĮP MIAMI FL (Change ☐ Addition Delete TITLE SD TITLE Wiz Jurna HERNANDEZ, JACQUELINE NAME 17370 NW 69 CT #30 STREET ADDRESS STREET ADDRESS .12615 SW.91 ST 33015 CITY-ST-ZIP CITY-ST-ZIP LIAMI, MIAMI FL Delete Change Addition TITLE TITLE D LAZARO R. GONZALEZ NAME ROIZ, MARIO NAME 6960 NW 174 TERR # 902 STREET ADDRESS STREET ADDRESS 7913 NW 2 ST 33015 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE AJRELLA RABRE NAME NAME 6960 N.W_ 174 TELR# 212 STREET ADDRESS STREET ADDRESS MIAMI, FL. 33015 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE USTAL E. OMANA NAME 6960 NW 174 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver of trustee en changed, or on an attach

Daytime Phone #