2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # N9900003876 1. Entity Name TROPICAL COURT VILLAS CONDOMINIUM NO. 1 ASSOCIAT 05-24-2002 91284 044 ****70.00 ION, INC. Principal Place of Business Mailing Address 7901 W. 25 AVE. 7901 W. 25 AVE. HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 2011 WEST 62 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HIALEAH, FL. 65-0965007 Not Applicable Zip Country Country \$8.75 Additional ^33016~~ ⇔ Ufs.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICA MANAGEMENT & REALTY, INC. RAFULS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2011 WEST 62 STREET 7901 W. 25 AVE MILTERY, B-3 City HIALEAH HIALEAH FL 33016 Zip Code 33016 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE X Delete TITLE PD ☐ Change X Addition NAME RAFULS, RICHARD NAME FELIZ, PEDRO A. 8000 WEST 28 COURT # 206 STREET ADDRESS 7901 W. 25 AVE. B-3 STREET ADDRESS HIALEAH, FL. 33018 CJTY-ST-ZIP HIALEAH FL 33016 CITY-ST-7IP ۷Ď TITLE X Delete TITLE Change X Addition MARMOLEJOS, WILMY J. 8020 WEST 28 COURT # 106 MARRERO, HECTOR NAME NAME 7901 W. 25 AVE B-3 STREET ADDRESS STREET ADDRESS HIALEAH, FL. 33018 CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP TITLE Delete SD TITLE ☐ Change X Addition RODRIGUEZ, CLARIE 8090 WEST 28 COURT # 108 NAME RODRIGUEZ, LIBARDO E NAME STREET ADDRESS 7901 W. 25 AVE. B-3 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL. 33018 HIALEAH FL 33016 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

03-31-02

(305) 558-9820

FILED