

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 16 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004814  
1. Entity Name  
Veranda at Doral Condominium  
No. 1 Association, INC

**DO NOT WRITE IN THIS SPACE**

000021087100  
06/23/03--01109--011 \*\*\$61.25  
**REINSTATEMENT** 02-03  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2500 N.W. 97 Ave</u>		3. Mailing Address <u>2500 N.W. 97 Ave</u>	
Suite, Apt. #, etc. <u>Suite 200</u>		Suite, Apt. #, etc. <u>Suite 200</u>	
City & State <u>Miami, Florida</u>		City & State <u>Miami, Florida</u>	
Zip <u>33172</u>	Country <u>USA</u>	Zip <u>33172</u>	Country <u>USA</u>

4. FEI Number 650955280 Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name S.P.M. Group INC.  
Street Address (P.O. Box Number is Not Acceptable)  
2500 N.W. 97 Ave Suite 200  
City Miami FL Zip Code 33172

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 Lincoln Baber [Signature] DATE 6/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DP- Abreu, Jorge</u> <u>5290 N.W. 109 Ave #3</u> <u>Miami FL 33178</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DS- Tirado, Nevenica</u> <u>5290 N.W. 109 Ave #4</u> <u>Miami, FL 33178</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DT- Giraldo, Carlos Gloria</u> <u>5290 N.W. 109 Ave #5</u> <u>Miami, FL 33178</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>000021087100</u> <u>06/23/03--01109--012 **\$236.25</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 6/10/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)

2/6/17