

Amended

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 22, 2003 8:00 A.M. Secretary of State

DOCUMENT # N9900005021
1. Entity Name
POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
7388 SW 152 AVENUE
MIAMI, FL 33193
Mailing Address
PO BOX 653039
MIAMI, FL 33265

500023864315
09/26/03--01066--004 **61.25



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7376 SW 152 AVE
Suite, Apt. #, etc.
3. Mailing Address
7376 SW 152 AVE
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33193
Country
Dade
City & State
Miami FL 33193
Zip
33193
Country
Dade

4. FEI Number
65-0998586
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, JESUS R
11936 SW 8TH ST
MIAMI, FL 33184

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE

9. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State
FILE NOW: FEE IS \$61.25 Initial or Amended UBR

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include: CUAREZMA, ROBERTA; RECINOS, MARCOS; LOZANO, RUBEM.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Rows include: JAMBA LOPEZ; NINOSKA VITORIA; JEJE MIRO.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
09/15/2003
803-5213

CR2E037 (10/02)