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

DOCUMENT # N9900005054

1. Entity Name

VERANDA AT DORAL MASTER HOMEOWNERS ASSOCIATION.



Principal Place of Business C/O SPM. INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

2500 NW 97 AVENUE. SUITE 200 MIAMI FL 33172

Mailing Address

C/O SPM. INC.

2500 NW 97 AVENUE. SUITE 200

MIAMI FL 33172

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED
Feb 17, 2003 8:00 am
Secretary of State
•

02-17-2003 90268 047 ****61.25

10022200



CHECK HERE IF MAKING CHANGES

Applied For 4. FEI Number 65-0983231

\$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent Name

SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134

Country

Street Address (P.O. Box Number is Not Acceptable)

Zip Code

Not Applicable

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.

Country

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition PD Velasco, Scott PN TITLE Delete TITLE NAME 5250 N.W. 109 Ave #126 SUAREZ, EDDIE NAME STREET ADDRESS 5240 NW 109 AVENUE #104 STREET ADDRESS Miami, FL 33/78 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178 Addition** Nicolas Ceccavelli ☐ Change TITI F ٧D Delete TITLE 5260 N.W. 109 Ave # 103 Michay, FL 33178 NAME GOMEZ. MARILYN NAME STREET ADDRESS 5245 NW 112 AVENUE #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** TD Foreman Melanie 500 N.W. 109 Auc #103 TITLE Delete TITLE VELASCO, SCOTT NAME STREET ADDRESS 5250 NW 109 AVENUE #106 STREET ADDRESS 33178 Miami, FL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 another 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 a therefore the empowered.

SIGNATURE:

305 S52-3978

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