2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE

Jan 24, 2000 8:00 am Secretary of State OCUMENT # 757230 01-24-2000 90266 012 ****61.25 OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC. incipal Place of Business Mailing Address N.E. 23RD ST 701 N.E. 23RD ST 60006589 #101-308 FL 33137 MIAMI FL 33137-4968 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2161360 Not Applicable Zip Country \$8.75 Additional 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 Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 10161 BLUE LAGOON DR. SUITE 250 Zip Code FL **MIAMI FL 33126** 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. 190L (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. íû. ☐ Addition ☐ Delete TITLE □ Change HILLE PD NAME AYAD, GEORGE SHE IT ADDRESS STREET ADDRESS 701 N.E. 23 STREET #202 CITY ST ZIP CITY-ST-ZIP MIAMI FL 33137 ☐ Addition ☐ Delete ☐ Change HILE **VPD** NAMÉ TRUJILLO. HECTOR STREET ADDRESS STREET ADDRESS 701 NE 23RD STREET, #108 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 SD ----☐ Change **Addition** TITLE Delete NICIA FERRER 701 N.E. 23 St \$207 CLEMENS, JOHN MAME STREET ADDRESS STREET ADDRESS 701 N.E. 23 STREET #308 HiAmi, Fl 33137 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 X Delete ☐ Change Addition A TITLE ARMINDA BETANCOURT 101 N.E. 23 ST \$301 Mianni, Fl 33137 TITLE NAME NAME PEREZ, DIEGO STREET ADDRESS STREET ADDRESS 8910 GRAND CANAL DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplier ental 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

GLOCK GEORGE A. AYAD

FILED