2000 UNIFORM BUSINE'SS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # N96000001178 1. Entity Name DORAL LANDINGS TOWNHOMES ASSOCIATION, INC. 03-21-2000 90011 020 \*\*\*\*61 25 Principal Place of Business Mailing Address 13800 SW 144 AVE. RD. LAND CAP PROP. SERV. 13800 SW 144 AVE. RD. MIAMI FL 33186-6765 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3367201 Not Applicable Zip Zipl 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 CAP PROPERTY SERVICES, INC LAND CAP PROPERTY SERVICES STEPHEN SWITS STEPHEN SUITS 13800 SW 144 AVE. RD. Zin Code **MIAMI FL 33186** MIAMI, FL 33186 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 (NOTE: Registered Agent signature required when reinstating) DATE of registered agent and title if applicable 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 | 10. 11. Change ★ Addition K Delete TITLE TITLE PD NAME NAME EISENMAN, TOREY REBUK, JOSEPH STREET ADDRESS STREET ADDRESS 760 NW 107TH AVENUE STE 201 760 NW 107 AVENUE SUITE #201 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 MIAMI, FL. ☑ Delete TITLE Change ★ Addition TITLE STD NAME NAME RODRIGUEZ, ALEX IRIZARRY, RUSSELL STREET ADDRESS STREET ADDRESS 760 NW 107 AVENUE SUITE #201 760 NW 107TH AVENUE STE 201 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33172 MIAMI, FL 33172 Change Addition Delete TITLE TITLE STD VPD NAME NAME LYEW SANG, LAUREL J CRUZ, DEANNA STREET ADDRESS STREET ADDRESS 760 NW 107TH AVENUE STE 201 760 NW 107 AVENUE SUITE #201 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 MIAMI, FL 33172 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with his 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 supplierental 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 eport 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 modern powered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

3/14/07 (305) 559-1851

☐ Change

Addition