

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90495 026 ****61.25

DOCUMENT # 710291

1. Entity Name

THIRD MIRAMAR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

6730 ARBOR DR., APT. 104
MIRAMAR FL 33023**6730 ARBOR DR., APT. 104**
MIRAMAR FL 33023-4866

2. Principal Place of Business

3. Mailing Address

6730 ARBOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 104

City & State

City & State

MIRAMAR, FL

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, RAUL
8980 CRESCENT DR
MIRAMAR FL 33025

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **VIERA, JENNIE**
STREET ADDRESS **6730 ARBOR DR #207**
CITY-ST-ZIP **MIRAMAR FL 33023** **DELETED**TITLE **T** ☐ Change ☒ Addition
NAME **LINDA COOPER**
STREET ADDRESS **6730 ARBOR DR #104**
CITY-ST-ZIP **MIRAMAR, FL 33023**TITLE **D** ☐ Delete
NAME **MARTINEZ, IRIS**
STREET ADDRESS **6730 ARBOR DR #106**
CITY-ST-ZIP **MIRAMAR FL 33023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROBERTSON, TOLLIE**
STREET ADDRESS **6730 ARBOR DR #204**
CITY-ST-ZIP **MIRAMAR FL 33023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Delete
NAME **MARTINEZ, ARTURO**
STREET ADDRESS **6730 ARBOR DR #205**
CITY-ST-ZIP **MIRAMAR FL 33023**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 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

Daytime Phone #

LINDA COOPER 4/12/00 962-7917 (954)

CR2E037 (9/99)