

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

DOCUMENT # 707576  
1. Entity Name  
520-79th Street Inc. a Condominium

FILED  
02 JAN 22 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>520-79th Street, #8</u>		3. Mailing Address <u>520-79th Street</u>	
Suite, Apt. #, etc. <u>8</u>		Suite, Apt. #, etc. <u>8</u>	
City & State <u>Miami Beach FL</u>		City & State <u>Miami Beach FL</u>	
Zip <u>33141</u>	Country	Zip <u>33141</u>	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <u>N/A</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name: <u>Helena Requena</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>520-79th Street</u>			
Apt. # <u>apt. #</u>			
City <u>Miami Beach</u>			FL Zip Code <u>33141</u>

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: Helena Requena DATE: 1/22/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President/Director</u> <u>FAUSTINO SERRANO</u> <u>520-79th St., #2</u> <u>Miami Beach, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>800004880128</u> <u>-02/05/02--01040--012</u> <u>*****70,00 *****70,00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer/Director</u> <u>Ramón Soto</u> <u>520-79 St., #8</u> <u>MB, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Director</u> <u>Gerard Rivest</u> <u>520 79th St., # 3</u> <u>MB, FL 33141</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramón Soto T/D Date: Jan 22/02 Cell: (305) 975-3973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: (305) 865-6165

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