

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90036 009 ****61.25

DOCUMENT # 740544

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.

Principal Place of Business

12079 SW 131TH AVENUE
 MIAMI FL 33186
 US

Mailing Address

C/O MIAMI MANAGEMENT INC
 14275 SW 142 AVE
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1081744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

~~CARLOS TRIAY-ESQ~~

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

~~10570 NW 27 ST.~~

~~Suite 103~~

City

~~MIAMI~~

~~FL~~

Zip Code

~~33172~~

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

3/7/02

FILE NOW: FEE IS \$61.25

9. 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 **P** ☒ Delete
 NAME **JACKSON, CLAUDIA**
 STREET ADDRESS **10609 - SW 113TH THE OLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **FRIED, MURRAY**
 STREET ADDRESS **10685-Z 113TH PL**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BERMUDEZ, YANIRA**
 STREET ADDRESS **1074 SW 113 PLACE**
 CITY-ST-ZIP **MIAMI FL 33176-3246**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **KOLLER, CRAIG**
 STREET ADDRESS **10631-C S.W. 113 PLACE**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
 NAME **KOLLER, CRAIG**
 STREET ADDRESS **10631-C SW 113 PL**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VICE PRESIDENT / DIRECTOR** ☐ Change ☒ Addition
 NAME **FIALKOFF DAVID**
 STREET ADDRESS **10649-A SW 113 PL**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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: *Craig Koller* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-02

Date

596-8922

Daytime Phone #

CR2E037 (9/01)