2003 NOT-FOR-PROFIT CORRORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
02-24-2003 90171 042 ****61.25

DOCUMENT # 714823

1. Entity Name
ANDOR PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16850 SOUTH GLADES DR NORTH MIAMI BEACH FL 33162-US	16850 SOUTH GLADES DR NORTH MIAMI BEACH FL 33162-US US

2. Principal Place of Business	3. Mailing Address
ANDOR PLAZA Assoc	16850 South Glades Dr
Suite, Apt. #, etc. 3K	Suite, Apt. #, etc.
City & State North Miami Beach	City & State
Zip 33162 Country USA	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1303156 ☐ 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
SERRANO, CARMEN 16850 SOUTH GLADES DR 3K NORTH MIAMI BEACH FL 33162	Name CARMEN SERRANO Street Address (P.O. Box Number is Not Acceptable) 16850 South Glades Dr 3K (Phone) 305-945-4313. City North Miami Beach FL Zip Code 33162

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE CARMEN SERRANO President — Feb 20-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD President SERRANO, CARMEN D 16850 S GLADES DR, #3K N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Vice-President BALDONADO, DELFIN D 16850 S GLADES DR, #6K N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	OT Treasurer ROSARIO, PEDRO D 16850 S GLADES DR 5J N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Pedro Rosario 16850 S. Glades Drive 5J NMBch FL 33162 ☒ Change ☐ Addition
TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	OT Officer SILVA, ANTONIO T 16850 S GLADES DR, #4J N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jose Osorio Secretary 16850 S. Glades Dr 5D NMBch FL 33162 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Officer ELLIS, JOSEPH JR 16850 S GLADES DR 4H MIAMI FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O DE ARMAS, MILAGROS Officer 16850 S GLADES DR 3E N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: CARMEN SERRANO President — Feb 20 2003 — 305 945-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #