#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: BRUCE TAYLOR

Electronic Signature of Signing Officer/Director Detail

### DOCUMENT# N0600005652

## Entity Name: MARTINIQUE NO. 3 CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:**

MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323

# **Current Mailing Address:**

MIAMI MANAGEMENT, INC. 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323

# FEI Number: 20-5073948

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BAKALAR & ASSOCIATES, P.A. 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION, FL 33324 US

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:

#### - 4 - 11 (

Officer/Director Detail :			
Title	PRESIDENT	Title	т
Name	TAYLOR, BRUCE	Name	PIEDRA, CHRISTOPHER
Address	1145 SAWGRASS CORP PKWY	Address	1145 SAWGRASS CORP PKWY
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	SECRETARY		
Name	SIERRA, LEONARDO		
Address	1145 SAWGRASS CORP PKWY		
City-State-Zip:	SUNRISE FL 33323		

Certificate of Status Desired: No

FILED Mar 15, 2013 Secretary of State CC0031110321

> 03/15/2013 Date

Date