

FILED
May 22, 2001 8:00 am
Secretary of State

FROM : SERRANO CORP

FAX NO. : 305 856 0069

04-17-2001 90061 025 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 595111**

1. Entity Name

CLIFTON APARTMENTS, INC.

Principal Place of Business

**2200 SW 25TH TERRACE
MIAMI FL 33135**

Mailing Address

**2200 SW 25TH TERRACE
MIAMI FL 33135**

46108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FBI Number

59-1857941

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

LACAR, ARMANDO E., ESQ. SILVIA PALMER
9101 CORAL WAY, 3RD FLOOR 2200 SW 25TH
MIAMI FL 33145 MIAMI FL 33135

Name

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

2200 SW 25TH TERRACE**MIAMI - FL**

City

FL

Zip Code

33135

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]

(NOTE: Registered Agent signature required when requesting)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	CUMISILE, EMELIA	
STREET ADDRESS	2200 SW 25TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VP	☐ Delete
NAME	DIAZ, JUAN P.	
STREET ADDRESS	2200 SW 25TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	☐ Delete
NAME	DIAZ, ANA MARIA	
STREET ADDRESS	2200 SW 25TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME	<i>Emelia C. Cumisile</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	<i>Ana Maria Diaz</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

51-01 305-5566514