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

DOCUMENT# 702772 1. Entity Name GARDEN TERRACL APTS ITT GAC. 03 JUN -2 AM 9:07 SECALTARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 222/ MONROE ST. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Hollywood FL City & State 4. FEI Number Applied For 099739.2 Not Applicable Zip Country \$8.75 Additional 33020 5. Certificate of Status Desired 1 7. Name and Address of Current Registered Agent I. HIHAILESCU DO NOT WRITE IN THIS SPACE 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 9. Election Campaign Financing FEE IS \$61.25 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. PRESIDENT TITLE TITLE NAME NAME NOEL MEUNIER STREET ADDRESS STREET ADDRESS 2221 MONROE ST #8 HWD FL 33020 CITY-ST-ZIP CITY-ST-ZIP VICE - PRESIDENT MARIA MIHAILESCUME 2221 MONROE ST # 2 NAME NAME STREET ADDRESS STREET ADDRESS HWD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TREA SURER TITLE NANCY WEISEN NAME NAME STREET ADDRESS 2221-MONROE-ST-#-12-HWD FL 33020 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP SECRETARY TITLE IN THIS SPACE NAME STANLEY SINGUL STREET ADDRESS STREET ADORESS 19698 244h AUC CITY-ST-ZIP CITY-ST-ZIP MAMI DIRECTOR TITLE DOROTHY MARTA! NAME STREET ADDRESS STREET ADDRESS AWRENCE KS 66044 CITY-ST-ZIP CITY-ST-ZIP TITLE DIRECTOR TITLE AHIBAL YANEZ 222 1 MONROE ST. #/ NAME NAME STREET ADDRESS STREET ADDRESS

2. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

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