2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE

May 07, 2001 8:00 am³ Secretary of State **DOCUMENT # 709242** 1. Entity Name NORTH BAY WHITE HOUSE ASSOCIATION NO. 1, INC. 05-07-2001 90049 002 ****61.25 Principal Place of Business Mailing Address 1770 79 ST CAUSEWAY APT 306 1800 79 ST. CAUSEWAY NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1575291 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PMS CORPORATION 8299 CORAL WAY **MIAMI FL 33155** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be _Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition VPD Change TITLE Delete TITLE Boret, Onlando RATZ, ALFRED M. NAME NAME 1800 Kennedy Causeway 1800 KENNEDY CAUSEWAY, #309 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP NORTH BAY VILLAGE FL CITY-ST-ZIP PD TITLE Delete TITLE KAZANOFF, IRVING NAME AlFred NAME 1800 KENNEDY CAUSEWAY, #211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE FL CITY-ST-ZIP STD TITLE Addition ☐ Delete BOLET, ORLANDO NAME NAME Perez, STREET ADDRESS 1800 KENNEDY CAUSEWAY STREET ADDRESS 1800 Ken CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33141** Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #