2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am **DOCUMENT # 709939** Secretary of State Entity Name 02-17-2002 90048 011 ****61.25 RO-MONT GARDENS ANDOVER CONDOMINIUM "G", INC. Principal Place of Business Mailing Address 100 N.W. 204 ST. 100 N.W. 204 ST. 8Y. 24 **BX 24** AMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1321490 Not Applicable Zio Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GALGANO, ANNA 100 N.W. 204TH ST. BLDG, G, APT, 20 Zip Code **MIAMI FL 33169** FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE Delete SALVATORE, ANTHONY NAME NAME 100 N.W. 201 th ST. APT. 10 STREET ADDRESS 100 N W 204TH BLDG 6, APT 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Delete TITLE TITLE HINES, GERALD NAME NAME 100 NW 2044 ST Apt. 21 STREET ADDRESS STREET ADDRESS 100 N.W. 204TH ST., BLDG. G, APT. 6 MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Delete ☐ Addition TITLE TITLE MAYRAND, CHARLES NAME 100 N.W. 2045 ST. Apt. 9 STREET ADDRESS STREET ADDRESS 100 NW 204TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Change ☐ Addition TITLE TITLE DOWNS, KENNETH NAME STREET ADDRESS STREET ADDRESS 100 N.W. 204TH ST., BLDG. G, APT. 5 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE Change ☐ Addition GALGANO, ANNA NAME NAME STREET ADDRESS STREET ADDRESS 100 NW 204TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Change TITLE ☐ Addition Delete TITLE SAVARD, PAUL NAME NAME

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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

100 N.W. 204TH ST., BLDG. G, APT. 22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

1/31/02 3

305-710-0115

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