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

DOCUMENT # 712379

1. Entity Name
HARDING HALL CONDONINIUM INC.

DO NOT WRITE IN THIS SPACE

FILED
02 APR 22 PM 6:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/03/02--01007--011
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2. Principal Place of Business	3. Mailing Address
PROPERTY MANAGEMENT SERVICES	PROPERTY MANAGEMENT SERVICES
Suite, Apt. #, etc. 8299 CORAL WAY	Suite, Apt. #, etc. 8299 CORAL WAY
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155 Country U.S.A	Zip 33155 Country U.S.A

4. FEI Number 59-1200336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PROPERTY MANAGEMENT SERVICES CORP.

Street Address (P.O. Box Number is Not Acceptable): 8299 CORAL WAY

City MIAMI, FL **FL** Zip Code 33155

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 JULIO GONZALEZ PORTUONDO 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
PD	GONZALEZ-CARVAJAL, GABRIEL 8233 HARDING AVE, APT 303 MIAMI BEACH, FL 33140
SD	RODRIGUEZ, MARIA ELENA 8233 HARDING AVE, APT 303 MIAMI BEACH, FL 33140
D	LINDBERG, ANDREW 8233 HARDING AVE, APT 409 MIAMI BEACH, FL 33140
TD	GANZARDIYA, LEON 8233 HARDING AVE, APT 708 MIAMI BEACH, FL 33141
D	TEIJEIRO, MARIA TERESA 8233 HARDING AVE, APT 201 MIAMI BEACH, FL 33141
VPD	LANDROVE-EULALIA 8233 HARDING AVE, APT 504 MIAMI BEACH, FL 33140

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 1/24/02 (305) 284-4250
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #