FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 717063** 1. Entity Name THREE HORIZONS, NORTH, CONDOMINIUM, INC. 04-17-2001 90174 004 ****61 25 Principal Place of Business Mailing Address 1470 NORTHEAST 125TH TERRACE 1470 NORTHEAST 125TH TERRACE NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1359665 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) PEARSON, RUTH 1470 NE 125 TERRACE #611 NO MIAMI FL 33161 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. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change T PRES ☐ Delete TITLE BAIR, ALSTON NAME 1470 NE 125 TERR 506 WILLIAM EARLS NAME STREET ADDRESS STREET ADDRESS 1470 NE 125 TERRACE #308 N.MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 ☐ Change Delete TITLE TITLE BREGONZI, MIRTHA **GLIFFORD WEINSTEIN** NAME NAME 1470NE 125 TERR #603 STREET ADDRESS 1479 NE 125 TERRACE #907 STREET ADDRESS N.MIDMI, IFL 33161 CITY-ST-ZIP CITY-ST-ZIP N MIAMITE 3316T Change ☐ Addition TITLE ☐ Delete TITLE GRIFFITHS, COURTNEY PEARSON, RUTH NAME NAME 1470 NEIJSTERR #511 STREET ADDRESS STREET ADDRESS 1470 NE 125TH TERR #611 CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33161 N.M//M) FL 33161 Change ☐ Addition ₽ S*E*C ☐ Delete TITLE TITLE **GRIFFITHS, COURTNEY** NAME NAME STREET ADDRESS STREET ADDRESS 147 NE 125 TERR #511 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33161 Change ☐ Addition Delete TITLE BROWN LUCILLE NAME NAME 1470 NE 125TH TERR, #306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI PL 33167 ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

IGNING OFFICER OR DIRECTOR