2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

NORTH MIAMI FL 33161

1470 NORTHEAST 125TH TERRACE

DOCUMENT # 717063

1. Entity Name

Principal Place of Business

NORTH MIAMI FL 33161

Suite Apt. #, etc.

City & State

Zip

SIGNATURE

1470 NORTHEAST 125TH TERRACE

2. Principal Place of Business

THREE HORIZONS, NORTH, CONDOMINIUM, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90216 016 ****61.25

1002042

☐ CHECK HERE	IF MAKIN	NG CHANGES					
4. FEI Number 59-1359665		Applied For					
00 1000000		Not Applicable					
5. Certificate of Status Desired		\$8.75 Additional Fee Required					

PEARSON, RUTH 1470 NE 125 TERRACE #611 NO MIAMI FL 33161

7. Name and Address of New Registered Agent							
Name							
Street Address (P.O. Box Number is Not Acceptable	э)						
City	FL	Zip Code					

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 Fiorida. I am familiar with, and accept the obligations of registered agent.

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP'	BAIR, ALSTON 1470 NE 125 TER #506 N MIAMI FL 33161	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALFRED CAR 1470NE 125 N MIAMI, FL	TERR PHT	Change	Addition
NAME STREET ADDRESS	BREGONZI, MIRTHA 1470 NE 125 TERR #603 N MIAMI FL 33161	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUDITH HE 1470 NE 12 WMJAMI, F	STERR 410	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARSON, RUTH 1470 NE 125TH TERR #611 N MIAMI FL 33161	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSTON BAIL 1470 NE 12 N.MIAMI 1=1	5- 1ER 300	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JANIE 141470 NE 125 TER #210 MIAMI FL 33161	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BREGONZI, 1 1470 NE 12 N.MIAMI, P	HIRTHA#603 STERR 603	Change `	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LUCILLE 1470 NE 125 TER #306 MIAMI FL 33161	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$111. <u>.</u>	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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.

SIGNATURE: TO SIGNATURE REAL PLED

01/10/03

305-893-1090

CR2E037 (10/02)