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

DOCUMENT # 718116

1. Entity Name



01-13-2003 90128 021 ****61.25 1357 COLLINS AVENUE CONDOMINIUM, INC. Principal Place of Business Mailing Address 1357 COLLINS AVENUE 1357 COLLINS AVENUE 40065280 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2040779 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 1357 COLLINS AVE. **SUITE A4** MIAMI BEACH FL 33139 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE ☐ Change ☐ Addition MARTIN, RICHARD W NAME 1357 COLLINS AVE. #A4 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change ☐ Addition REREZ. MERDADO R NAME 1357 COLLINS AVE. #D3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change Addition OSIDACH, MARY A 1357 COLLINS AVE. #D1 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

FILED Jan 13, 2003 8:00 am Secretary of State

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7JP TITLE STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

305-695-1032