## 2003 NOT-FOR-PROFIT CORPORATION

## May 02, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 719032 1. Entity Name 05-02-2003 90083 040 \*\*\*\*70.00 RO-MONT SOUTH CONDOMINIUM "F". INC. Mailing Address Principal Place of Business 100 N.E. 203RD TERRACE 100 N.E. 203RD TERRACE MIAMI FL 33179 MIAMI FL 33179 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1359700 Applied For City & State City & State Not Applicable Zip 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 RO-MONT SOUTH EXECUTIVE COUNCIL, INC. Street Address (P.O. Box Number is Not Acceptable) 20314 NE 2ND AVE N MIAMI BEACH FL 33179 City 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 3 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ij 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition TITLE TITLE ☐ Delete RAUL. PARRA NAME NAME 100 NORTHEAST 203RD TERRACE # 127 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Change Addition TITLE TITLE Treasurer ARBARBANEL, ESTHER NAME NAME nicholas Bollo 100 NORTHEAST 203RD TERRACE STREET ADDRESS STREET ADDRESS 100 U.E. 203 Terr. #10 N.H.B.Fla 33179 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 👿 Delete TITLE TITLE ABARBANEL, ESTHER NAME NAME 100 NORTHEAST 203RD TERBACE #S STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 35179 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE V P D EANY-PATRELLA, JOAN NAME NAME Joan Leahy Patrella 100 N.E. 203RD TERRACE STREET ADDRESS STREET ADDRESS 100 N.E. 208 Jerr. F14 N.H.B.

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Olga Cordovi

N.M.B. FID. 33179

100 NE. 203 ROTERRACE APT FZO

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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MIAMI FL 33179

**MIAMI FL 33179** 

OLGA, CORDOVA

100 N.E. 203RD TERRACE

☐ Delete

☐ Delete

Cordovi

☐ Change

☐ Addition

**FILED**