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FILED

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719033

SIGNATURE:

Sep 18, 2001 8:00 am Secretary of State 1. Entity Name 05-18-2001 91597 043 ****61.25 RO-MONT SOUTH CONDOMINIUM "E", INC. Principal Place of Business Mailing Address 20314 NE 2ND AVE NORTH MIAMI BEACH FL 33179 20314 NE 2ND AVE NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1359699 Not Applicable Zip Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Näme Street Address (P.O. Box Number is Not Acceptable) RO-MONT SOUTH EXECUTIVE COUNCIL INC 20314 NE 2ND AVENUE NORTH MIAMI BEACH FL 33179 City Zip Code FL 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. SIGNÁTURE (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Added to Fees FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. <u>on</u> TITLE **VPD** ☐ Delete TITLE Change ☐ Addition WANGE, FRET) 160 NE 203 TELR #4 NAME NAME GARCIA, FRANK STREET ADDRESS STREET ADDRESS 160 NE 203 TERR APT 23 N. MIRMI BEACH, FL 33179 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL TITLE Delete TITLE AMAMO, OBOD 160 NE 203 TOLL. #17 WANER, FRED MAME NAME STREET ADDRESS 160 NE 203 TERR APT 4 STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33179 CITY-ST-ZIP N MIAMI BCH FL S/T D MURASSO, VIRGINIA 160 NG 203 TERRIST 28 TITLE Change ☐ Addition TITLE . Delete MARTEL, MAURICE NAME NAME STREET ADDRESS STREET ADDRESS 160 NE 203 TERR APT 29 N. MIAMI BEACH, FL 33179 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL ☐ Change ☐ Addition TITLE Delete TITLE NAME MURASSO, GINNY NAME STREET ADDRESS 160 NE 203 TERR APT 28 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL TITLE Addition TITLE Delete ☐ Change RESERT, GRACE NAME NAME STREET ADORESS 160 NE 203 TERR APT 32 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cooperation 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.

ED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR