2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 719117 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name RENE CONDOMINIUM ASSOCIATION, INC. 04-27-2000 90017 012 ****61.25 Principal Place of Business Mailing Address 7634 "E" S.W. 55 AVENUE 7634 "E" S.W. 55 AVENUE MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1299992 Not Applicable Zip Country \$8.75 Additional 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) GONZALEZ, BARBARA M 7721 SW 56TH AVE **MIAMI FL 33143** 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 Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. □ Change Addition TITLE TITLE BARBARA M. GONZALEZ NAME NAME b20 7721 SW 56 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition TITLE TITLE Change RICHARD O'ROURKE NAME NAME STREET ADDRESS STREET ADDRESS 5530 SW 76 ST. CITY-ST-ZIP. CITY-ST-ZIP MIAMI FL -Addition D' TREASURER ☐ Change Delete TITLE TITI F SANJAY ROY 5530 SW 16 ST. NAME STREET ADDRESS 7734 SW 55 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change Addition Delete TITLE TITLE ESPINOSA, MARCO NAME NAME المراجعة 5531 SW 78 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIF Addition Change Delete TITLE D TITLE TAKSER, CANDICE TAKSIER, NAME NAME 5.W. 80 5T STREET ADDRESS 7720 SW 55 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33143 er VP Delete TITLE ☐ Change ☐ Addition TITLE LACHOWSKI, RICHARD NAME NAME 7621 SW 56TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143**

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

MANUAR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/2000

305-666-6960

Daytime Phone #