FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am § Secretary of State DOCUMENT # **720135** 02-20-2002 90101 028 ****61.25 7720 CONDOMINIUM INC. Principal Place of Business Mailing Address 720 BYRON AVENUE 7720 BYRON AVENUE PT #4 APT #4 AIAMI BEACH FL 33141 MIAMI BEACH FL 33141 US 2. Principal Place of Business 3. Mailing Address 7720 Byron Are 720 Byron Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Miami Beach Iami Beach 59-2237196 Not Applicable 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 Lopez Street Address (P.O. Box Number is Not Acceptable) LOPEZ, VIVIAN 7720 BYRON AVENUE APT #4 Zip Code ララノイ/ MIAMI BEACH FL 33141 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 IGNATURE stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** O. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TLE Delete TITLE Addition LODER VIVIAN IAME LOPEZ, VIVIAN NAME 7720 Byron Ane #4 TREET ADDRESS STREET ADDRESS 7720 BYRON AVE #4 ITY-ST-ZIP CITY-ST-7IP Mami Beach 33/4/ MIAMI BEACH FL 33141 ÎTLE ☐ Delete TITLE ☐ Change AME FERNANDEZ, VERONICA Veronica TREET ADDRESS STREET ADDRESS 7720 Byron Ane 7720 BYRON AVE #3 JTY-ST-ZIP CITY-ST-ZIP 33141 MIAMI BEACH FL 33141 ÎTLE Delete Change ----- Addition-100/NA AME MEDINE, MERCEDES NAME TREET ADDRESS STREET ADDRESS 7720 BYRON AVE #1 ITY-ST-ZIP CITY-ST-ZIP 33141 <u>MIAMI BEACH FL 33141</u> ITLE TITLE TD ☐ Delete AME NAME Javien, Diaz TREET ADDRESS STREET ADDRESS 7720 BYRON AVE #2 ITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete TLE TITLE ☐ Addition AME MAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-7IP TLE ☐ Delete TITLE ☐ Change AME NAME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP 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:

JRE REQUIRED

02/05/02

(305)86445