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

Jan 10, 2003 8:00 am Secretary of State DOCUMENT # 723954 1. Entity Name 01-10-2003 90059 026 ****61.25 ROYAL FLAGLER CONDOMINIUM CORP., INC. Principal Place of Business Mailing Address 6580 W. FLAGLER STREET, #306 6580 W. FLAGLER STREET, #306 MIAMI FL 33144 MIAM! FL 33144 2. Principal Place of Business Mailing Address 4580 W F/09/00 9580 Suite, Apt. #, etc. Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1439866 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O ROSA M. DE LA CAMARA, ESQ. 5201 BLUE LAGOON DRIVE, #100 MIAMI FL 33126 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 a SIGNATURE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition GARCIA, ERNESTO NAME NAME 9 6580 W. FLAGLER STREET, #306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP Ø TITLE ☐ Delete TITLE Change GARCIA, FRANCISCO ___ Addition NAME NAME STREET ADDRESS 6580 W. FLAGLER STREET, #307 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP SD TITLE ☐ Delete TITI E ☐ Change ☐ Addition SANCHEZ, YOLANDA NAME NAME 6580 W. FLAGLER STREET, #309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP ☐ Delete

CITY-ST-ZIP 12. I hereby certify that the information supplied with the filling 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 and officer is report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in

TITLE

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