2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 an Secretary of State **DOMENT # 724297** SHAND COURTS CONDOMINIUM ASSOCIATION, INC. 03-07-2000 90089 012 ****61.25 inal Place of Business Mailing Address 1855 WEST GOTH STREET WEST 60TH STREET HIALEAH FL 33012-8907 FL 33012 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4, FEI Number Applied For City & State 59-1562327 Not Applicable \$8.75 Additional Zip Country Country /ın 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) LUIS R TW 60TH ST ı. #410 Zip Code City _a:: FL 33012 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ☐ Addition Change ☐ Delete TITLE WALDENIS, LINARES NAME STREET ADDRESS 1855 W 60TH ST APT. 428 CITY-ST-ZIP ST-ZIP HIALEAH FL Delete ☐ Change ☐ Addition **VP** NAME REYES, ELEUTERIO STREET ADDRESS 1855 W 60 ST SUITE 314 CITY-ST-ZIP ST ZIP HIALEAH FL 33012 ☐ Delete TITLE ☐ Change ■ Addition SD NAME GARCIA, LUIS R STREET ADDRESS innergg 1855 W 60TH ST APT. 410 CITY-ST-ZIP ST-ZIP HIALEAH FL ☐ Change ☐ Addition ٧S ☐ Delete TITLE NAME GARCIA, FRANCISCO STREET ADDRESS 1855 W 60TH STREET, #217 CITY-ST-ZIP ST ZIF HIALEAH FL Change ☐ Addition ☐ Delete TITLE TD NAME VIAMONTES, DIEGO M STREET ADDRESS 1855 W 60TH ST APT. 416 CITY-ST-ZIP ST ZIP HIALEAH FL ☐ Delete TITLE ☐ Change ☐ Addition NAME DANIEL, ARMANDO STREET ADDRESS 1855 W 60TH ST APT 319

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 is also 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 ortrustee 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 than address, with all other like empowered.

CITY-ST-ZIP

TRATURE

HIALEAH FL

ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 823-5174

Date