⊘ MOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPOI	RT (UBR)		7	
DOCUMENT # 726325		•		
N&M Townhouse Condominium Association		02 DEC -6 AH 9:22		
	716	SECRET	ASY OF STATE ESEE, FLORIDA	
DO NOT WRITE IN THIS	SPACE	IALLES CO	t in the second of the second	
2. Principal Place of Business 58 th Ave 3. Mailing Address Sharon	41.0			
Suite, Apt. #, etc. Sharon Uc(ain) Suite, Apt. #, etc. T502 S.w. 5879 Aue		DO NOT WRITE IN THIS SPACE		
City & State			4. FEI Number	
Zip 33143 Country Zip 33143	u SIT	5. Certificate of Status Des	¢0.71	Not Applicable Additional
	Name SV	7. Name and Address of Cu	irrent Registered Agent	
DO NOT WRITE		P.O. Box Number is Not Acce	,	
IN THIS SPACE			3th Aue	
The above named entity submits this statement for the purpose of changing	I *	iami	· FL 3	33143
	A us redistered office of tedister	ed agent, or both, in the state	of Florida.	
SIGNATURE Sharon McClain Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v		when reinstating)	1 25 200 Z	
9		•		
Initial or Amended UBR Trust Fun	Campaign Financing de Contribution.	\$5.00 May Be Added to Fees	Make Check Paya Department of S	
10. OFFICERS AND DIRECTORS	TITLE			
name mcCain, Sharon Had	NAME STREET ADDRESS	700009	, ,39,7,39,7	
CITY-ST-ZIP Miami, Florida 33143	CITY-ST-ZIP TITLE	.010-20-000.	6013 **61.2	<u> </u>
NAME Aguirre, Luis STREET ADDRESS 7520 S.W. 58th Ave	NAME STREET ADDRESS			
TITLE 5D - ACC	City-st-zip Title			
NAME DORIS, TONY STREET ADDRESS 7524 S.W. 58 M Ave	NAME STREET ADDRESS	· ·		
Manu Florida 33143	CFTY-ST-ZIP	DO NO	TWRITE	
NAME Shore, - andrana, Delete	TITLE NAME	IN THIS	SPACE	
city-st-zip Miani, Florida 33143	STREET ADDRESS CITY-ST-ZIP		Y	
TITLE TD Delete Bramson, Joanne. Delete	TITLE NAME	· · · · · · · · · · · · · · · · · · ·	1	
STREET ADDRESS 7528 S.W. 58 Aug CITY-ST-ZIP Mam Florida 33143	STREET ADDRESS CITY-ST-ZIP	:		
TITLE SD NAME Februardez, Patti - Delete	TITLE			
STREET ADDRESS 75 212 5.W.58 Aug	NAME STREET ADDRESS			
12. Thereby certify that the information supplied with this filling does not qualify the	for the exemption stated in Sect	See 440 07/00/3 Fland Co.		

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 on an attachment with an address, with all other like empowered. SIGNATURE: Sharon Helain) 11/25/2002 (305)-66+6173