

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90122 006 ****61.25

DOCUMENT # 726325

1. Entity Name
**N & M TOWNHOUSE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**7502 SW 58TH AVE
MIAMI, FL 33143 US**

Mailing Address
**7502 SW 58TH AVE
MIAMI, FL 33143 US**

2. Principal Place of Business
1502 SW. 58th Ave
Suite, Apt. #, etc.

3. Mailing Address
Sharon McCain
Suite, Apt. #, etc.
1502 S.W. 58th Ave

City & State
Miami, Florida
Zip
33143
Country
USA

City & State
Miami, Florida
Zip
33143
Country
USA

4. FEI Number
59-1501342

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCAIN, SHARON
7502 SW 58TH AVE
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name **Sharon McCain**
Street Address (P.O. Box Number is Not Acceptable)
7502 S.W. 58th Ave
City **Miami** FL Zip Code **33143**

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 agent.

SIGNATURE **Sharon McCain**
Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when resigning))

3/31/2003
DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCCAIN, SHARON
7502 SW 58TH AVE
S MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AGUIRRE, LUIS
7502 SW 58TH AVE
MIAMI, FL 33143** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DORIS, TONY
7524 SW 58TH AVE
S MIAMI, FL 33143** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Erik Popham
7916 S.W. 58 Ave
Miami Florida 33143** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Mary June So
7530 S.W. 58 Ave
Miami, Florida 33143** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Sharon McCain** **Sharon McCain** **3/31/2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-661-6173
Daytime Phone #

CR2E037 (10/02)