2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # **727896 Secretary of State** 1. Entity Name 01-31-2002 90044 050 ****61.25 NORMANDY PLACE ASSOCIATION, INC. Principal Place of Business Mailing Address 2000 BIARRITZ DR. 2000 BIARRITZ DR. MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2262803 Not Applicable Zip Country 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 SUAREZ Street Address (P.O. Box Number is Not Acceptable) WILLIS, ANGEL 2000 BIALLITZ DR 2000 BIARRITZ DR. #306 Zip Code MIAMI BEACH FL 33141 MUAMI BEACH 33141 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 ALEX SUAREZ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to മ്വLE NOW: FEE IS \$61.25 Trust Fund Contribution. П **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD Delete TITLE AA Addition NAME WILLIS, ANGEL NAME SUAREZ, ALEX 2000 BIARRITZ DRI # 202 STREET ADDRESS STREET ADDRESS 2000 BIARRITZ DR., #306 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL MIAMI BEACH, FL 33141 ☐ Delete Change Change ☐ Addition PASQUALE, MELISSA NAME WILLIS, ANGEL 2000 BIARRITZ DR # 306 STREET ADDRESS STREET ADDRESS 2000 BIARRITZ DR., #507 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 MIXMI BEXCH , FL 33141 ☐ Delete Change Addition NAME FERNANDEZ, SONIA NAME STREET ADDRESS 2000 BIARRITZ DRIVE # 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33141 ☐ Defete TITLE ☐ Change Addition NAME Franco, David NAME STREET ADDRESS STREET ADDRESS 2000 BIARRITZ DR., #405 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this 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 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:

SIGNOLIZATION REMINISSA A. PASOVAIE

1/13/02

305-864-5440

Daytime Phone #

FILED

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