2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 733418** Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** HALF MOON TOWERS CONDOMINIUM ASSOCIATION, INC. 01-21-2000 90121 020 ****61.25 Principal Place of Business Mailing Address 5055 NW 7TH STREET 5055 NW 7TH STREET MIAMI FL 33126 MIAMI FL 33126-3446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1693428 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 Name Street Address (P.O. Box Number is Not Acceptable) POLANCO, JULIE 5055 NW 7TH STREET # 1009 Zip Code City Fì **MIAMI FL 22126** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE POLANCO, JULIE NAME NAME STREET ADDRESS 5055 NW 7TH STREET, # 1009 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami fl ☐ Delete ☐ Change Addition TITLE ROMERO, LEONOR NAME NAME STREET ADDRESS STREET ADDRESS 5055 NW 7TH ST #104 CITY-ST-ZIP CITY-ST-ZIE MIAMI FL Addition Change S _ Delete TITLE TITLE NAME MELLADO, MARY NAME STREET ADDRESS STREET ADDRESS 5055 NW 7TH ST 204 CITY-ST-ZIP CITY-ST-ZIP miami fl Delete ☐ Addition ☐ Change TITI F TITLE **EUGENIO DERIBEAUX** NAME NAME STREET ADDRESS STREET ADDRESS 5055 NW 7TH ST, 510 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition 🔀 Delete TITLE TITLE PEDROSO, JESUS 5055 AW 7 D ST. #610 RODRIGUEZ, GISELA NAME NAME STREET ADDRESS STREET ADDRESS 5055 NW 7TH STREET, # 803 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition X Delete ☐ Change TITI F TITLE **LEONOR ROMERO** NAME NAME STREET ADDRESS STREET ADDRESS 5055 NW 7 ST, 210 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 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 16 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 16 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 16 or Block 11 in the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 16 or Block 11 in the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 16 or Block 11 in the corporation of the

SIGNATURE: JULIUS CONTROL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.