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

DOCUMENT # 740544

1. Entity Name

SABAL CHASE CONDOMINIUM ASSOCIATION (II), INC.



FILED Feb 27, 2003 8:00 am § Secretary of State 02-27-2003 90160 034 ****61.25

| Principal Blo | | | | | | | |
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| гиниранта | ce of Business | Mailing Address | , | | | | |
| | | | C/O MIAMI MANAGEMENT INC | | | | |
| US | 00 | 14275 SW 142 AVE MIAMI FL 33186 | | | e e e e e e e e e e e e e e e e e e e | | |
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| 2. Principal | Place of Business | 3. Mailing Address | , | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | 4. FEI Number | 4. FEI Number 59-1081744 Applied For | | |
| Zip | Country | Zip | Country | | | | lot Applicable |
| | ŕ | | Country | 5. Certificate of S | Status Desired | \$8.75 Ac Fee Requir | |
| | 6. Name and Address of Curren | t Registered Agent | Alama | 7. Name and Ad | dress of New Register | ed Agent | |
| TIDIAV (| ADI DE ECO | ' | Name | | | | |
| TRIAY, CARLOS ESQ 10570 NW 27 ST | | er and the second | Street Address | | Not Acceptable) | x-x-x- | . |
| SUITE 1 | | | " | " | | | |
| MIAMI F | L 33172 | | City | | | Zip Coo | de |
| O The show | | | | | • | - | |
| the obliga | e named entity submits this statement f tions of registered agent. | or the purpose of changing its | s registered office or reg | gistered agent, or both, in | i the State of Florida. Ta | am familiar with | , and accept |
| | | | | | | | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agen | t and title if applicable. (NOT | E: Registered Agent signature re | equired when reinstating) | DAT | re . | |
| | FILE NOW, FEE 10 004 05 | A Florida 0 | | , | | | |
| | FILE NOW: FEE IS \$61.25 | | mpaign Financing Contribution. | \$5.00 May Be Added to Fees | | eck Payable partment of | |
| | · | Trust Fund (| Contribution. | Added to Fees | Florida Dep | partment of | State |
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| 10. Title Name Street address | OFFICERS AND DI SD FRIED, MURRAY 10685-Z 113TH PL | Trust Fund (| TITLE NAME STREET ADDRESS | Added to Fees | Florida Dep | partment of | State |
| 10. Title Name Street address City-St-Zip | OFFICERS AND DI SD FRIED, MURRAY 10685-Z 113TH PL MIAMI FL 33176 | Trust Fund (| Dontribution. | Added to Fees | Florida Dep | partment of | State |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI SD FRIED, MURRAY 10685-Z 113TH PL MIAMI FL 33176 TD | Trust Fund (| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Added to Fees | Florida Dep | partment of | State |
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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:

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