## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 752202 TRES VIDAS CONDOMINIUM ONE, INC. 04-27-2001 90301 024 \*\*\*\*61.25 Principal Place of Business Mailing Address 6850 NW 2ND AVE. 6850 NW 2ND AVE. BOX 37 BOX 37 645626 BOCA RATON FL 33487 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2122676 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) PODINA, DORIS 6950 N.W. 2ND AVE. #21 **BOCA RATON FL 33487** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D CHARLES KISER Change ☐ Delete TITLE NAME KOSTOLICH, MARCUS NAME 6850 NIW SND AVE #17 STREET ADDRESS 9850 NW 2ND AVE 23 STREET ADDRESS BOCA RATON FL 53481 CITY-ST-ZIP CITY-ST-ZIP BACA RATON, FL 00000 TITLE TD ☐ Delete TITLE GARY ALBERTI ☐ Change PODINA, DORIS NAME LSTON.W. 2ND AVE. 424 STREET ADDRESS STREET ADDRESS 6850 N.W. 2ND AVE. #21 BOCA RATEN FL 33457 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete TITLE PD TITLE ☐ Change Addition NAME KOSTOLICH, MARCUS NAME STREET ADDRESS 6850 N.W. 2ND AVE #23 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** TITLE Delete TITLE Change ☐ Addition MC CORMICK, ROBERT NAME NAME STREET ADDRESS 6850 N.W. 2ND AVE #1 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition BEARDEN, TODD. NAME NAME STREET ADDRESS 6850 N.W 2ND AVE #32 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS