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

Jan 16, 2003 8:00 am § Secretary of State **DOCUMENT # 752531** 1. Entity Name 01-16-2003 90051 009 ****61.25 TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6625 W. 4TH AVENUE 6625 W. 4TH AVENUE #238 #238 HIALEAH FL 33012 HIALEAH FL 33012 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 59-2151806 Applied For Zip Not Applicable 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 **BOHIGAS, ROLANDO** GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 6625 W 4TH AVE 208 HIALEAH FL 33012 Zip Code HILLEAH, 2. 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 SIGNATURE S (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TD Delete TITLE OREILLY, PEDRO ☐ Change Addition NAME Orcilly fedro NAME 6625 W 4TH AVE APT 230 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP raleah VDT TITLE VP -D **X** Delete TITLE alfonso, elena Change ☐ Addition NAME NAME REYNER CRUZ 6625 W 4TH AVE APT 200 STREET ADDRESS STREET ADDRESS 6625 W. 4TH AVE. - APT. CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP HIALEAH, FL 33012 TITLE - Delete TITLE P~5~D~ **BOHIGES. ROLANDO** M Change -☐ Addition NAME NAME IRMA GONZALEZ 6625 W 4 AVE #208 STREET ADDRESS STREET ADDRESS 6625 W. 4TH AVE.-APT. 233 CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-7/P HIACEAH, FL 33012 TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE