

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752856

1. Entity Name
THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 AM 11:06

Principal Place of Business Mailing Address
POB 601593 **POB 601593**
N Miami Bch, Fl 33160 **N Miami Bch, Fl 33160-1593**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HYMAN, MICHAEL, ESQ. HYMAN & KAPLAN, P.A. 150 WEST FLAGLER, SUITE 2701 MIAMI, FL 33130				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, GEORGIA		NAME		
STREET ADDRESS	1500 NE 151 ST # 103		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL 33162		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL CHRISTOPHER		NAME		
STREET ADDRESS	1501 NE 10 ST #103		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUDETTE CHIN		NAME		
STREET ADDRESS	1511 NE 150 ST		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMACULA LAMOTHE		NAME		
STREET ADDRESS	1550 NE 151 ST #101,NMB. FL 33162		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES BRISSETT		NAME		
STREET ADDRESS	1501 NE 150 ST #101		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Georgia Thomas **PRES.** Date: 5/1/01 Daytime Phone #: 305-949-5778

CR2E083 (11/00)