2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State
04-11-2002 90682 034 ****61.25

026549

DOCUMENT # 755006

1. Entity Name

LAGO VERDE CONDOMINIUM ASSN., INC.

Principal Place of Business	Mailing Address
12219 SW 14 LN. MIAMI FL 33184	Guarantee Management Services Inc 7200 N W 7th Street, Suite 300 Miami, FL 33126-2941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2038485 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~TRIAY, CARLOS ESQ~~
~~RAPPAPORT & TRIAY~~
~~999 PONCE DE LEON BLVD.,STE.1110~~
~~CORAL GABLES FL 33134~~

BECKER & POLIAKOFF
ROSA de LA CAMARA
5201 BLUE LAGOON DR.
SUITE 100
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name → Rosa de la Camara (Becker + Poliakoff

Street Address (P.O. Box Number Is Not Acceptable) → 5201 Blue Lagoon Dr. Suite 100.

City → MIAMI 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: Rosa de la Camara for Becker + Poliakoff, P.A. DATE: 5/7/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RODRIGUEZ, OSCAR 12219 SW 14 LANE #2302 MIAMI FL 33184	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/PRESIDENT JOSEPH ALVAREZ 12219 SW 14 LN. #2409 MIAMI, FL 33184 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SW~~ DIRECTOR GONZALEZ, MAXIMO 12239 SW 14 LANE 3108 MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/TREASERER FORTICH, A 12219 SW 14 LANE #2411 MIAMI FL 33184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VICE PRESIDENT ORTEGA, ANA M 12209 SW 14 LN 1206 MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY NUBIA PAZ 12239 SW. 14 LN. #3207 MIAMI FL 33184 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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.

SIGNATURE: SIGNATURE REQUIRED — 5-23-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasurer Address