2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # 757875 Secretary of State 02-15-2001 90103 041 ****61.25 VIZCAYA HEIGHTS CONDOMINIUM, INC. Principal Place of Business Mailing Address **3001 SW 1ST AVE** 3001 SW 1ST AVE DAATIATA **UNIT 103 UNIT 103** MIAMI FL 33129 MIAMI FL 33129 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 59-2183758 Not Applicable -Country - Country-\$8:75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SUAREZ-BURGOS, MARCO A 3001 S.W. 1ST AVE. SUITE 103 Zip Code City **MIAMI FL 33129** 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 Stonature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Director - Presig Cloom J. Hallet TITLE DF ✓ Delete ___ Change TITLE HADDOW, KEN Cleon J. Marie 511 Anastasia AR Apt. 2 Cor Al GAble, F.L. 33.134 Marco A. Svarez-Buraos Change NAME NAME 3001 SW 1ST AVE., #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 TITLE DVP STQ Delete TITLE SUAREZ-BURGOS, MARCO A 200 SW 30 Road NAME NAME 200 SW 38 ROAD STREET ADDRESS STREET ADDRESS mianu, FL. 33/29 CITY-ST-ZIP MIAMI FL 33129-CITY-ST-ZIP Tre Asy Per & Secre (a. 19) - Change **VPD** Delete TITLE 275 TITLE Jennifer Belowstivnit 102 300 mani FL 33/29 BABICH, JASNA NAME NAME 3001 SW 1 AVE UNIT 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Fl ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 sympowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

305-185-1389

Daytime Phone #