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

FILED
Aug 12, 2002 8:00 am
Secretary of State
08-12-2002 90004 032 ****61.25

DOCUMENT # 761539 ✓

1. Entity Name
APTH Condominium Association Inc

DO NOT WRITE IN THIS SPACE

873863

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2. Principal Place of Business	3. Mailing Address
c/o Property Management Services	c/o Property Management Services Inc
Suite, Apt. #, etc. 8299 Coral Way	Suite, Apt. #, etc. 8299 Coral Way
City & State Miami, Fl	City & State Miami, Fl
Zip 33155 Country Miami-Dade	Zip 33155 Country Miami-Dade

4. FEI Number 59-2163136 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Property Management Services Inc

Street Address (P.O. Box Number is Not Acceptable): 8299 Coral Way

City Miami **FL** Zip Code 33155

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)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	P/D
NAME	Halperin, Ronny
STREET ADDRESS	3077 NE 183 Lane
CITY-ST-ZIP	Aventura, Fl 33160
TITLE	VP/D
NAME	Schwarz-Kapner, Arleve
STREET ADDRESS	3079 NE 183 Lane
CITY-ST-ZIP	Aventura, Fl 33160
TITLE	T/D
NAME	Wallace, Sandy
STREET ADDRESS	3011 NE 183 Lane
CITY-ST-ZIP	Aventura, Fl 33160
TITLE	S/D
NAME	Wilensky, Carol
STREET ADDRESS	3065 NE 183 Lane
CITY-ST-ZIP	Aventura, Fl 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandy Wallace Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN REPORT OR DIRECTOR