FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2001 8:00 am Secretary of State **DOCUMENT # 763976** 1. Entity Name 06-04-2001 90010 033 ****70.25 GARDEN LAKE TOWERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address ANALYSIA SAGAGAIT C/O AMA HAMACEMENT SERVICES INC 661166 6850 CORAL WAY #308 6850 CORAL WAY #308 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 12781 Bird Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2335769 Not Applicable 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 MORALES, ANICIA AMA MANAGEMENT SERV 6850 CORAL WAY #308 **MIAMI FL 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 Signature, typed of printed (NOT Registered Agent signature required when reinstating) ered agent and title if applicable **FILE NOW:** 9. Election Campaigr Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change Delete Contrera NAME RUBIO, ERNESTO GARCIA NAME STREET ADDRESS STREET ADDRESS 1101 SW 122ND AVENUE Road, Suite G 12781 BIRG CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL DVP TITLE TITLE FLEITAS, PEDRO NAME NAME Benenquer STREET ADDRESS STREET ADDRESS 1121 SW 122 AVENUE 207 127.81-B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE MORALES, EFREN Lejardi, STREET ADDRESS STREET ADDRESS 1101 SW 122ND AVE CITY-ST-ZIP CITY-ST-ZIP Miami MIAMI FL TITLE TITLE ☐ Addition NAME CASTILLO, SUSANA STREET ADDRESS STREET ADDRESS 1101 SW 122ND AVE CITY-ST-ZIP CITY-ST-ZIP <u>Miami</u> Fl TITLE TITLE Addition NAME SALAZAR, TOMAS NAME STREET ADDRESS 1121 SW 122 AVE STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE ☐ Delete Change 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 fir 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.

REQUIL D SIGNATURE: