9/13/01-90006-017-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000945

1. Entity Name
ADELCOR CONDOMINIUM ASSOCIATION, INC
4400 NW 3ERD STREET
MIAMI FLORIDA 33126

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 25 AM 9:11

Principal Place of Business
4400 NW 3erd STREET
MIAMI FLORIDA 33126

Mailing Address
SAME

97843 4

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUILLERMO CORTES 4400 NW 3ERD STREET MIAMI, FLORIDA 33126	Name: CARLOS JACOB Street Address (P.O. Box Number is Not Acceptable): 4400 NW 3ERD STREET City: MIAMI FL Zip Code: 33126

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 _____ 9-9-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $238.25

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	P GUILLERMO CORTES 4400 NW 3rd STREET MIAMI FL. 33126	☒ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	CARLOS JACOB 4400 NW 3ERD STREET MIAMI FL. 33126 DIRECTOR ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EMILIA CORTES 4400 NW 3erd STREET MIAMI FL. 33126	☒ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	ARMANDO CAMPOS 4402 NW 3ERD STREET MIAMI FL. 33126 TRUSTEE ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADELA QUINTANA 4400 NW 3ERD STREET MIAMI FL. 33126	☒ Delete	TITLE T / NAME / STREET ADDRESS / CITY-ST-ZIP	MARISOL BRENES 4402 NW 3RD STREET MIAMI FL. 33126 TRUSTEE ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

STATE OF FLORIDA NOTARY PUBLIC
JASON N. LANDRY
My Comm Exp. 3/11/2003
No. CC 816737
Personally Known ☐ Other I.D.

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: Carlos A. Jacob. 9/9/01 305-774-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

AD