2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 15, 2002 8:00 am Secretary of State DOCUMENT # N00000002396 1. Entity Name 05-15-2002 90110 008 ****61.25 THE SENATE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 500 15TH ST. 500 15TH ST. 09943 ONE ONE MIAM! FL 33139 MIAMI FL 33139 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 65-0999447 Not Applicable Zip Country Zip 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 REGEMB PARK PROPERTY, JNC.Y 500 15TH 37. ONE MIAMI FL 23139 8. The above named entity submite this setsement for the purpose of changing its registered office or registered agent, or both, in the state of Florida KRUDEREL. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD Delete TITLE Addition NAME KAUDERER, MALLORY NAME STREET ADDRESS 500 15TH ST., #1 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Delete J'im PETERPAUL . XChange 1606 JEFFENSON AUE #14 TITLE Addition NAME PEREZ, SERAFIN STREET ADDRESS 500 15TH ST., #1 DDRESS STREE MIXMI-BEXCH, FLA: 33139 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST TITLE Delete TITLE GARY ZIMMERMAN NAME Leavitt, donita NAME 08 CONTINUENTAL PLAZA STREET ADDRESS 500 15TH ST., #1 STREET A CITY-ST-ZIP 250 MARY MIAMI BEACH FL 33139 CITY-S ZIP TITLE □ Delete TITLE COCONUT GROVE FL. NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 and where this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MALLORY KARDEREN.

305-532-1975

SIGNATURE: