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

MACHINE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jul 17, 2003 8:00 am Secretary of State

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DOCUMENT # N0000008401						07-17-2003 90036 021 ****61.25					
Ives Dairy Condo Association, Inc.											
TY.	OO NOT WRITE		PAC	E				•	·		
Principal Place of Business c/o Atlantic Biologicals		Mailing Address c/o Atlantic Biologicals									
Suite, Apt. #, etc. 20101 N. E. 16th Place		Suite, Apt. #, etc. 20101 N. E. 16th Place			DO NOT WRITE IN THIS SPACE						
City & State Miami, FL		City & State Miami, FL			4. FEI Number 65-1083824 Applied For					7	
Zip 33179	Country	Zip Country 33179 USA		ntry	5. Certificate of S	\$9.75 Additional				<u>}</u>	
33 17 3	April 2 may Wilson	Commission of the Commission o			7. Name and Address of Current Registered Agent					_	
Alles,		o, Barry & Boldt, P.A.]				
	DO NOT WI	P.O. Box Number is Not Acceptable)									
IN THIS SPACE			in the state of th		s Boulevard, Suite 850						
		2	* 1	City Ft. Lauc	derdale		FL	Zip Co 3330			
8. The above named entity submits this patternent for the purpose of changing its registered office or registered agent, or both, in the state of Fiorida. I am familiar with, and accept the obligations of registered agent.											
						·	111	<u>/</u> 33			
SIGNATURE Signatury, speed or printed garbyl Egistered agent angulae if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:											
FEE IS \$61:25 9. Election Campaign Financing Initial or Amended UBR Trust Fund Contribution.						Mak	e Check Departh	Payabl		A Personal	
10.	OFFICERS AND DIRE	CTORS	\$ 6	海太 马沙拉	and Commission	inical fire	नी होन	1.101	od was	اَ ا	
TITLE NAME	Director and President Karen Moody		⇔ TITLE} NÂME			1	n de			12/0/	
I	20101 N. E. 16th Place Miami, FL 33179		ŞTREET ÇCITY#S	T ADDRESS.				0 10 1	P. Carpt	37B (
TOLE	Director and Secretary		ŞTİTLE				s			RZEC	
NAME STREET ADDRESS	Michael Correa 20101 N. E. 16th Place Miami, FL 33179			T ADDRESS	And the factor						
CITY-ST-ZIP	*			ST-ZIP 6		and the state of the state of	CONTRACTOR		t and the standard	<u>.</u>	
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STREET ADDRESS (CITY-ST-ZIP			STREET CITY-S	ADDRESS					To an and	ST.	
TITLE			TITLE	Sub- Au				14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the	
NAME STREET ADDRESS			NAME STREET	ADDRESS						TO SEE STATE	
CITY-ST-ZIP			CITY	T-ZIP,		Panello a		A S. S. S.		VETERINA	
 I hereby ce indicated of the corp attachmen 	ertify that the information supplied with the on this report or supplemental report is the contain or the receiver or trustee emport with an address with all other like emp	nis filing does not qualify for rue and accurate and that i wered to execute this repo fowered.	or the exem my signatur ort as requir	ption stated in Se re shall have the s red by Chapter 6	ction 119.07(3)(i), Fl same legal effect as 17, Florida Statutes;	orida Statutes. I fu if made under oat and that my nam	orther certify th; that I am e appears	that the an office in Block	information er or director 10 or on an		