2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000576 1. Entity Name **3DUTHAMPTON AT KINGS POINT CONDOMINIUM A ASSOCIA** ION, INC.

FILED Mar 20, 2002 8:00 am Secretary of State 03-20-2002 90068 018 ****61.25

riincipai Piaci	e of Business	Mailir	ng Address								
NOB HILL RD.			7600 NOB HILL. RD. TAMARAC FL 33321								
2. Principal Place of Business		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		С	City & State			4. FE	4. FEI Number		<u> </u>	plied For	
Zip	Coun	try Zi	р	Cour	ntry	5 Co	rtificate of Statu	s Desired		8.75 Add	
				<u> </u>						e Require	d
	6. Name and Add	ress of Current Register	ed Agent राज्याच्या		Name	/. Na	me and Addres	S Of New He	gistered Ag	ent	
	R, PATRICIA K PA				Street A	ddress (P.O. Bo	Number is Not	Acceptable)			
200 S. BIS MIAMI FL 3	Cayne Blvd., #34 33131	10									
					City				FL	Zip Cod	е
8. The above	named entity submits	this statement for the purp	oose of changing its	s registere	d office or	registered ager	t, or both, in the	state of Flori	da.	•	
	Signature, typed or printed na										
	FILE NOW: FEE I	S \$61.25	9. Election Ca Trust Fund				May Be		e Check		
F	FILE NOW: FEE I		Trust Fund	Contributio		∐ Ådded	to Fees	De	partment	of State)
F 10.	FILE NOW: FEE I	S \$61.25 FICERS AND DIRECTORS	Trust Fund	Contribution		∐ Ådded		De	partment S AND DIRE	of State	10
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TO. TITLE NAME STREET ADDRESS	FILE NOW: FEE I OF DP RIEFS, MARTIN L 7600 NOB HILL RE TAMARAC FL 3332	FICERS AND DIRECTORS	Trust Fund	11. TITLE NAME STREE	on,	∐ Ådded	to Fees	De	epartment	CTORS IN	10 Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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.