2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100005628



FILED May 05, 2003 8:00 am § Secretary of State 05-05-2003 90117 047 ****61.25

174TH LSO ASSOCIATION INC.						2002201	1, 01,	01.1		
8231 SW 96 PLACE 8231		Mailing Address 8231 SW 96 PLACE MIAMI FL 33173	231 SW 96 PLACE		+ 1881USB1 #\$1 8	(8) SK 11814 BB(C) BB(K) BB(III	. BB(() 88:81 B?((8	0 (21 0 11 1	1.01 2011 2001	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te	City & State		4.	FEI Number	5-1131289		_	plied For t Applicable]
Zip	Country	Zip	Country	5.	Certificate of S	Status Desired [□ _ \$8.7	5 Add		
	6. Name and Address of Current I	Registered Agent		7.	Name and Ad	dress of New Regis	stered Agent			1
COLIZ 1/	, OCE		Name							
CRUZ, JOSE 8231 SW 96 PLACE			Street Ad	idress (P.O.	Box Number is	Not Acceptable)				}
MIAMI FL										1
3 <u>4</u> 2	er S		City				FL Zi	p Code)	1
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re-	gistered office or r	registered a	igent, or both, in	the State of Florida	. I am familia	with, a	and accept	1
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SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTF: B	egistered Agent signatur	e required when	reinstating)	<u></u>	DATE			
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Ty	FILE NOW: FEE IS \$61.25	9. Election Campa Trust Fund Con		\$5 □ Add	i.00 May Be ded to Fees		Check Pay Departmen			
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	OFFICERS AND DIR PD ROYER, CHRISTOPHER	Trust Fund Con	ntribution. [∟ Add	ded to Fees	Florida C	Departmen	RS IN	State	00/07
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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:

305.953.0425