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

FILED
Aug 07, 2003 8:00 am
Secretary of State
08-07-2003 90119 023 ****61.25

DOCUMENT # N02000008468

1. Entity Name: SANTORINI AT VIZCAYA COMMUNITY ASSOC., INC. C/O MIAMI MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11455 AWG MASS COMP PARKWAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: SUNRISE, FL	City & State: SAME
Zip: 33323 Country: US	Zip: SAME Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 45-0510503 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: KATZMAN & KOHN

Street Address (P.O. Box Number is Not Acceptable): 5581 W. OAKLAND PARK BLVD. 2ND FL 2 ND FLOOR

City: LAUDERHILL FL Zip Code: 33313

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: LEIGH KATZMAN 7/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	FRANCISCO PEREZ
STREET ADDRESS	12900 SW 128 ST STE 100
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D/S
NAME	ANN DE CICCO
STREET ADDRESS	12900 SW 128 ST STE 100
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D/T
NAME	MICHAEL PEREDO
STREET ADDRESS	12900 SW 128 ST STE 100
CITY-ST-ZIP	MIAMI FL 33186
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NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 7/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #