2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000008644

1. Entity Name

THREE ROUND TOWERS RESIDENT COUNCIL, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90765 037 ****70.00

						A COOL	E TEST						
Principal Place of Business 2940 N.W. 18 AVE., APT. 1A MIAMI FL 33!42			Mailing Address 2940 N.W. 18 AVE., APT. 1A MIAMI FL 33142				-	p.					
2. Principal Place of Business			3. Mailing Address								D))		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 30 -0/4			748 Applied For X Not Applicable			
Zip ~ Country			Zip Co			5. Certificate of Statu			of Status Desired	stus Desired \$8.75 Additional Fee Required			
6. Name and Address of Current			Register	legistered Agent			7. Name and Address of New Registered Agent						-
			-		T i	Name							ĺ
RODRIGUEZ, MIRIAM 2940 N.W. 18 AVE., APT. 1A MIAMI FL 33142						Street Address (P.O. Box Number is Not Acceptable)							
MICHIN 1 L	00142				-	City				FL	Zip Cod	e	
8. The above	named entity	submits this statement for	r the purp	pose of changing its	registere	d office :	r register	red agent, or both	, in the State of F	lorida. I am	familiar with,	and accept	ĺ
the obligat -	ions of regist	ered agent.	•					*					
SIGNATURE .											·		
	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	E: Registered	Agent signa	ture required	when reinstating) .		DATE			
· · · · · · · · · · · · · · · · · · ·					\$5.00 May Be			k Payable tment of \$					
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND DI	BECTORS IN	I 10	
TITLE	PD		1201011	☐ Delete	TITLE			ADDITIONO, OF IA	NOLO TO OTTIO	CHO AND DI	☐ Change	Addition	٤
NAME	RODRIGUE	•			NAME							_	110/
STREET ADDRESS .	2940 N.W. MIAMI FL	18 AVE., APT. 1A			STREE CITY-S	T ADDRESS		•					727
TITLE	VD VI	33 142		□ Delete	TITLE	51-71F					Change	- Addition	POLICE
NAME	DOTRES, I	ESTRELLA		LJ Delete	NAME			,			☐ Change	☐ Addition	ä
		18 AVE., APT. 1A				T ADDRESS							
CITY-ST-ZIP	MIAMI FL	33142	_	مستحدث عن المستحدة	CITY-S	ST-ZIP		, <u>, </u>	·				
TITLE	TD Capote, (IUGE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS		18 AVE., APT. 1A			NAME STREE	T ADDRESS							
CITY-ST-ZIP	MIAMI FL				CITY-S	ST-ZIP			•	_			
TITLE	SD			Delete	TITLE		SD				Change	Addition	*
NAME		NTONIO REV.		•	NAME		AR	A ORLAN	100	۸نا	•		
	MIAMI FL 3	18 AVE., APT. 1A			STREET CITY-S	ADDRESS	294	A ORLAN	184VE.#	FICT			
TITLE	MIN-MAIL I F 4	N172		□ Delete	TITLE)1-2IF			- <u>23/42</u>		Change	Addition	
NAME				La trelete	NAME		VOCA	NNRA C	SUE PRA		☐ Change	Addition	
STREET ADDRESS						ADDRESS	294	NDRO G	BAVE. #	-1A			
CITY-ST-ZIP					CITY-S	T-ZIP	Mid	4H1 - F	L 3314	2			
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME	ADDEEDO						Ì	
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	ADDRESS T-ZIP							
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I nereby 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 trusted 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:

FMIRIAMERODRIGUEZ

(305)638-6306