

FILED
Jun 16, 2003 8:00 am
Secretary of State

04-21-2003 91195 011 ****61.25

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

4/

DOCUMENT # N02164

1. Entity Name

BENNETT MEDICAL PLAZA CONDOMINIUM ASSOCIATION, I.
NC.



Principal Place of Business

201 NW 82ND AVENUE
PLANTATION FL 33324
US

Mailing Address

COM REAL
PO BOX 266920
WESTON FL 33326
US

55048224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-2438926

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CHANGING AGENT~~

8201 W BROWARD BLVD
ADMINISTRATION
PLANTATION FL 33324

Name Ashley Hixon

Street Address (P.O. Box Number is Not Acceptable)
8201 W Broward Blvd.

Administration

City Plantation

FL

Zip Code 33324

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

Ashley Hixon

4/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

Date

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME FERNANDEZ, ALBERTO ☒ Delete
STREET ADDRESS 201 NW 82ND AVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE Secretary
NAME Miguel Calzadilla ☐ Change ☒ Addition
STREET ADDRESS 201 NW 82 Ave
CITY-ST-ZIP Plantation, FL 33324 D

TITLE D
NAME REITER, BEN ☒ Delete
STREET ADDRESS 201 NW 82ND AVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME YUSOOF HAMUTH, MD ☐ Delete
STREET ADDRESS 201 NW 82ND AVE
CITY-ST-ZIP PLANTATION FL 33324

TITLE Vice President
NAME Yussoof Hamuth ☒ Change ☐ Addition
STREET ADDRESS 201 NW 82 Ave
CITY-ST-ZIP Plantation FL 33324 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Ashley Hixon ☐ Change ☒ Addition
NAME
STREET ADDRESS 8201 W. Broward Blvd
CITY-ST-ZIP Plantation FL P+D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ashley Hixon REQUIRED

4/14/03

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/02)