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

4/7

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-07-2003 90143 039 ****61.25

DOCUMENT # N04639

1. Entity Name
LAS BRISAS TOWNHOUSE APARTMENTS CONDOMINIUM NO. 3 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1300 W. 46TH ST. HIALEAH FL 33012 US	4445 WEST 16 AVENUE SUITE 308 HIALEAH FL 33012 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 308
City & State	City & State: HIALEAH FL
Zip / Country	Zip: 33012 / Country: DADE

4. FEI Number 59-2665942 ☐ Applied For ☐ Not Applicable

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
SANCHEZ, ABRAHAM 1330 W 46TH ST # 17 HIALEAH FL 33012	Name: CLASSEN, HECTOR R. Street Address (P.O. Box Number is Not Acceptable): 1330 West 46 St # 15 City: HIALEAH FL Zip Code: 33012

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: [signature] 4-02-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANCHEZ, ABRAHAM 1330 W 46TH STREET #15 HIALEAH FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLASSEN, HECTOR R. 1330 W 46 St # 15 HIALEAH, FL 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARRACEDO SANCHEZ, GISELA 1320 W 46TH STREET #23 HIALEAH FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SPD SANCHEZ, ABRAHAM 5945 N.W 113 Terr. HIALEAH, FL. 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARRACEDO SANCHEZ, GISELA 1300 W 46TH ST #3 HIALEAH FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TORANZO, NORMA 1310 W 46 St #10 HIALEAH, FL 33012	☒ Change ☐ Addition
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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

SIGNATURE: SIGNATURE REQUIRED 4/02/2003 (305) 823-1201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #