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

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FILED
Feb 25, 2003 8:00 am
Secretary of State
02-12-2003 90064 026 ****61.25

DOCUMENT # N07171

1. Entity Name
SOUTH MIAMI BUSINESS CENTER SEC. TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13800 SW 144TH AVE ED MIAMI FL 33186 US	13800 SW 144TH AVE RD MIAMI FL 33186 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0184102 ☐ 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
SUITS, STEPHEN C/O LAND CAP PROPERTY SVCS. 13800 SW 144TH AVE RD MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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	P/D FLICK, MICHAEL 7194 S.W. 47TH ST. MIAMI FL 33155 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sinatra, Anthony 7180 sw 47 ST. miami FL 33155 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURNS, JERRY 7192 SW 47TH ST MIAMI FL 33155 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Burns, Jerry 7192 sw 47 ST. miami FL 33155 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, FRANK 7180 SW 47 ST. #200 MIAMI FL 33155 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Flick, michael 7194 sw 47 ST. miami FL 33155 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRALTA, IGNACIO 7194 SW 47 ST MIAMI FL 33155 ☒ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #