2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12945

1. Entity Name

COMMODORE CENTRE CONDOMINIUM ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90135 035 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1801 S.W. 3RD AVE.~~ ~~MIAMI FL 33129-1416~~	~~1801 SOUTHWEST THIRD AVENUE~~ ~~8TH FLOOR~~ ~~MIAMI FL 33129-1487~~ ~~US~~

2. Principal Place of Business	3. Mailing Address
3162 Commodore Plaza	3162 Commodore Plaza
Suite, Apt. #, etc.: Unit 3A	Suite, Apt. #, etc.: Unit 3A
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33133 / Country: U.S.	Zip: 33133 / Country: U.S.

4. FEI Number: 65-0028785 — ☐ 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
JIMENEZ, ROSE G. ~~1801 SOUTHWEST THIRD AVENUE~~ ~~8TH FLOOR~~ ~~MIAMI FL 33129~~	Name: Street Address (P.O. Box Number is Not Acceptable): 3162 Commodore Plaza Unit 3A City: Miami FL Zip Code: 33133

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.

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 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PERDIGAO, MARCIO	NAME	
STREET ADDRESS	~~1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR~~	STREET ADDRESS	3162 Commodore Plaza Unit 3A
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	Miami, Fl 33133
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LLAVERIAS, JULIO	NAME	
STREET ADDRESS	~~1801 S.W. 3RD AVE., 8TH FL.~~	STREET ADDRESS	3162 Commodore Plaza Unit 3A
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	Miami, Fl 33133
TITLE	SD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JIMENEZ, ROSE	NAME	
STREET ADDRESS	~~1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR~~	STREET ADDRESS	3162 Commodore Plaza Unit 3A
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	Miami, Fl 33133
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/99)

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: Julio Llaverias SIGN HERE REQUIRED JULIO LLAVERIAS 04-25-00 305 448-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #