FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90241 040 ****61.25

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

DOCUMENT # N13119 1. Entity Name SOUTH MIAMI BUSINESS CENTER SEC. FOUR CONDOMINIUM ASSOCIATION, INC.							A .	,	·	01. <i>23</i>	
Principal Plac 7160 5.W. 47 MIAMI, FL 33	e of Busines 7 ST.		Mailing Address 7160 S.W. 47 ST. MIAMI, FL 33155			The transfer of the transfer o	110170	11.	Service Services		
2. Principal P	lace of Busin	ness	3. Mailing Address	Mailing Address							i
Suite, Apt. #, etc.			Sulte, Apt. #, etc.				CHECK HERE IF	EII EIEII EIEII E	IAII BIAII I Ianges	1(E) E E) 14)	l
City & State			City & State			4. FEI Number			Applied For		
Zip	Country		Zip Co		ountry				Not Applicable 8.75 Additional		
6. Name and Address of Current		Benistered Ament						Require	<u> </u>	ł	
			Chagintoled Agent		7. Name and Address of New Registered Agent Name						
CONTORAKES, GEORGE 7160 S.W. 47 ST. MIAMI, FL 33155					Street Address (P.O. Box Number is Not Acceptable)						
4.					City			· E1	Zip Çode	,	
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	ions of regist		or the purpose of Changing is	s regisses	ieu omce or regisi	ered agent, or boin, i	THE STATE OF FIOR	ios, raintain	ikas wilii,	and accept	
SIGNATURE.	Signature, types	d Or printed name of registered agen	s and title if applicable. (NO)	E: Register	ed Agent signature requir	ed when reinsta(ing)		DATE		·	
	FILE NOW	FEE IS \$61.25	9. Election Ca Trust Fund o			\$5.00 May Be Added to Fees		e Check P i Departme			A VIDENCE OF THE PARTY OF THE P
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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 of the receiver or trustee empowered to execute this report as required by Chapter 517, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CANADA CONTINUE AND TYPED OR DIRECTOR CANADA CONTINUE AND TY											