07

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

FILED

03 MAY 27 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15600

1. Entity Name

PATIO GRANDE II TOWNHOMES ASSOC, I

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12460 SW 8 Street	
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.
City & State: Miami Fl	City & State
Zip: 33184 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2674951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Moran and Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable): 12460 SW 8 Street #202

City: Miami FL Zip Code: 33184

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: Tamara Moran 04/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	P/D
NAME	German Galvez
STREET ADDRESS	560 NW 109 Ave #5
CITY-ST-ZIP	Miami, Fl 33172
TITLE	S/D
NAME	America Milian
STREET ADDRESS	610 NW 109 Ave #4,
CITY-ST-ZIP	Miami, Fl 33172
TITLE	VP/D
NAME	Santiago Hermida
STREET ADDRESS	610 NW 109 Ave # 5
CITY-ST-ZIP	Miami, Fl 33172
TITLE	T/D
NAME	Genaro Montoya
STREET ADDRESS	530 NW 109 Ave #1
CITY-ST-ZIP	Miami, Fl 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

$100198710285
05-27-03-11028-001 $61.25

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: America G. Milian 4/17/03

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

gr 5/29