2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED Mar 04, 2002 8:00 am Secretary of State **DOCUMENT # N15740** 1. Entity Name SPRINGER WAREHOUSE CONDOMINIUM ASSOCIATION, INC. 03-04-2002 90035 035 ****61.25 Principal Place of Business Mailing Address 2747 W 78TH ST 1131 PELICAN LANE HIALEAH FL 33144 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2755110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPRINGER, HELEN 1131 PELICAN LANE HOLLYWOOD FL 33019 City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE ÷ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 G, Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/6)TITLE ☐ Delete TITLE Change ☐ Addition SPRINGER, ALLEN NAME NAME STREET ADDRESS 1131 PELICAN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOMEZ, CARMEN NAME STREET ADDRESS 2747 W. 78TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE Delete TITLE ☐ Change ☐ Addition NAME SPRINGER, HELEN NAME STREET ADDRESS 1131 PELICAN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GOMEZ, RAMIRO NAME STREET ADDRESS STREET ADDRESS 2747 W. 78TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 TITLE ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #