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

Apr 28, 2003 8:00 am Secretary of State DOCUMENT # **N27485** 04-28-2003 91395 006 ****61.25 MEDITERRANEAN VILLAGE CONDOMINIUM NO. ONE ASSOCI ATION, INC. Principal Place of Business Mailing Address 30111045 3900 ISLAND BLVD 3900 ISLAND BLVD **AVENTURA FL 33160 AVENTURA FL 33160** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State FEI Number 65-0071225 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 JOSEPH GANGUZZA, SKRLD, INC. Street Address (P. O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET 201 ALHAMBRA CIRCLE UNIT 1102 27th FL CORAL GABLES FL 33134 Miami, FL33130 City Zip Code suthis 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 8. The above n the obligatio SIGNATURE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILLE NOW: FAE IS \$6 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition SUTTIN, DORIS NAME NAME 3900 ISLAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete FRIEDMAN, HARRIS NAME NAME 3900 ISLAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-ZIP ☐ Delete TITLE Director XX Change Addition DAVIS, EDWARD NAME NAME 3900 ISLAND BLVD STREET ADDRESS STREET ADDRESS AVENTURA FL 33160 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE RAHN, JOEL NAME NAME 3900 ISLAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP ☐ Delete XX Change ☐ Addition TITLE Sec/Treasurer KRAMARZ, HENRY NAME NAME 3900 ISLAND BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33160 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

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:

RIS BSUTTIN 4/17/0