04/28/2003 13:08 3055985100 HIRSH & COMPAN

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90749 016 ****70.00

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

DOCUMENT # N29613

1. Entity Name

Mariner Village Square Association, Inc.

900123485

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10451 NW 33 St	7990 SW 117 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 203
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country: USA	Zip: 33183 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0249462 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Martin Tabor & Associates

Street Address (P.O. Box Number is Not Acceptable): 10451 NW 33 St

City: Miami FL Zip Code: 33172

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 _____ DATE

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

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	PD	TITLE	
NAME	Tabor, Martin	NAME	
STREET ADDRESS	10451 NW 33 St	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Ramos, Osiris	NAME	
STREET ADDRESS	10451 NW 33 St	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Tabor, Abby	NAME	
STREET ADDRESS	10451 NW 33	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4-28-03 772-463-7400

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

STF FL32360F.1