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

FILED
May 29, 2002 8:00 am
Secretary of State
04-17-2002 90163 036 ****61.25

DOCUMENT # N34795

1. Entity Name
BLOSSOMS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

87707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10000 HAMMOCKS BLVD	306 ALCAZAR AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 303
City & State: MIAMI, FL	City & State: CORAL GABLES, FL
Zip: 33196 Country	Zip: 33134 Country

4. FEI Number: 65-0203789 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HILDEGARDE LESCHHORN, GLOBAL INVESTMENT PROP.

Street Address (P.O. Box Number is Not Acceptable): 306 Alcazar Ave Ste. 303

City: Coral GAbles, FL 33134 **FL** Zip Code: 33134

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: X _____
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	EDGAR REYES 10026 Hammocks Blvd # 210 Miami, FL 33196
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	BARREIRO, ~~GUIMAR~~ Guiomar 10026 Hammocks,Blvd. # 203 MIAMI, FL 33196
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	CORTINAS, ANA MARIA 10018 Hammocks Blvd. # 202 Miami, FL 33196
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Martinez, Maria 10034 Hammocks Blvd. # 201 Miami, FL 33196
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Moises, Farah 10026 Hammocks Blvd. # 209 Miami, FL 33196
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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OR DIRECTOR Date Daytime Phone #