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

AMENDED

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09-09-2002 90006 034 ****70.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37959

1. Entity Name
The CARRIAGE House Condominium ASSOCIATION, Inc.

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2. Principal Place of Business	3. Mailing Address
5401 COLLINS AVE	5401 COLLINS AVE
Suite, Apt. #, etc. ATTN: MAIN OFFICE	Suite, Apt. #, etc. ATTN: MAIN OFFICE
City & State Miami Beach, FL.	City & State Miami Beach, FL.
Zip 33140 Country USA	Zip 33140 Country USA

4. FEI Number 65-0194650 ☐ 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: SKRLD C/O Helio De La Torre, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle
Suite #1102
City: Coral Gables, FL. 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 /Helio De La Torre Esq. 8/29/02
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

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10. OFFICERS AND DIRECTORS

TITLE	President - AND DIRECTOR	TITLE	
NAME	LUIS FRASCARELLI	NAME	
STREET ADDRESS	5401 Collins AV. MGR Office	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	CITY-ST-ZIP	
TITLE	SECRETARY - DIRECTOR	TITLE	
NAME	MARIA SUAREZ	NAME	
STREET ADDRESS	5401 Collins AV. MGR. OFFICE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	Henry E. Salum	NAME	
STREET ADDRESS	5401 Collins AV. MGR office	STREET ADDRESS	
CITY-ST-ZIP	MIAMI Beach, FL 33140	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	LUIS BLANCO	NAME	
STREET ADDRESS	5401 COLLINS AV. MGR office	STREET ADDRESS	
CITY-ST-ZIP	MIAMI Beach, FL 33140	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	Asher Rubin	NAME	
STREET ADDRESS	5401 Collins AV. MGR. Office	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: /Maria Suarez/ - Secretary 7/29/02 305-861-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/01)