2002 UNIFORM BUSINESS REPORT (UBR) FILED May 20, 2002 8:00 am Secretary of State **DOCUMENT # N45312** 1. Entity Name MOUNTCLAIR VILLAS CONDOMINIUM ASSOCIATION, INC. 05-20-2002 90025 033 ****61.25 Principal Place of Business Mailing Address THE TIMBERLAKE GROUP INC. THE TIMBEBLAKE GROUP, INC. 5050 N.W. 74TH AVENUE 5050 N.W. 74TH AVENUE VIAMI FL 33166 MIAM! FL 33186 2. Principal Place of Business 3. Mailing Address Hallandale Bch. Blos Street Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE 3/5 City & State 4. FEI Number Applied For 65-0266184 Not Applicable 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 DUGGER, ROBERT A Street Address (P.O. Box Number is Not Acceptable) THE TIMBERLAKE GROUP, INC. Mandale Beach 5050 N.W. 74TH AVENUE -MÍAMI FL 33166 8. The above named entity submits this stateme purpose of changing its registered office or registered agent, or both, in the state of Florida. 3-19-05 SIGNATURE Signature (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition (9/01 ☐ Change RODERIGUEZ, JAIRO NAME NAME 451 NE 136TH ST, #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI FL 33161 CITY-ST-ZIP TDSD ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, JAIRO NAME 451 NE 136TH STREET, #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N'MIAMI FL' 33161 CITY-ST-ZIP-TITLE **VPD** Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, JAIRO NAME STREET ADDRESS 451 NE 136TH ST, #315 STREET ADDRESS CITY-ST-ZIF MIAMI FL 33161 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 suppliemental 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 anyaddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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