2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 03, 2002 8:00 am Secretary of State DOCUMENT # **N46556** 1. Entity Name 04-08-2002 90217 011 ****61.25 PLAZA VILLAS TOWNHOUSES ASSOCIATION, INC. 09-03-2002 90171 010 ****61.25 Mailing Address Principal Place of Business 720 S.W. 2ND ST 720 S.W. 2ND ST SUITE 12 SUITE 12 MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, BIO 720 S.W. 2ND STREET #1 MIAMI FL 33130 Zip Code FL 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 familjar with, and accept the obligations of registered agent SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to After September 13, 2002, \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. *š* OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, BIO NAME STREET ADDRESS STREET ADDRESS 720 S.W. 2ND STREET, #1 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change ☐ Delete TITLE TD NAME BELARMINA, VERA STREET ADDRESS 720 S.W. 2ND STREET, #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL SD - Delete TITLE Change Addition TITLE NAME CUADRA, MARTHA STREET ADDRESS STREET ADDRESS 720 S.W. 2ND STREET, #5 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change TITLE ☐ Delete ORTEGA, BERTHA NAME NAME STREET ADDRESS 728 S.W. 2ND STREET, #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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