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FILED
Aug 26, 2002 8:00 am
Secretary of State
08-12-2002 90008 022 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47406

1. Entity Name
1446 Lenox Condo Association, Inc. ✓

42169

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2. Principal Place of Business	3. Mailing Address
1446 Lenox Ave.	104 Crandon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite #409
City & State Miami Beach, FL	City & State Key Biscayne, FL
Zip 33139 Country US	Zip 33149 Country US

4. FEI Number 65-0383273 ☐ 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: Research Management Corporation
Street Address (P.O. Box Number is Not Acceptable): 104 Crandon Boulevard Suite #409
City: Key Biscayne FL Zip Code: 33149

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: Sharri Potter (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required for all changes) DATE: 8.20.02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Bakkum, Lori
STREET ADDRESS	1446 Lenox Ave, #5
CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	SD
NAME	Alsina, Leslie
STREET ADDRESS	1446 Lenox Ave, #8
CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	T
NAME	Kramer, Marilyn
STREET ADDRESS	1446 Lenox Ave. #3
CITY-ST-ZIP	Miami Beach, Florida 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lori Bakkum 305-361-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #