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Change

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Addition

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2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am DOCUMENT # N9400003090 **Secretary of State** 1. Entity Name 04-25-2001 90051 011 ****61.25 RETENTION PONDS PROPERTY OWNERS ASSOCIATION, INC 07-12-2001 90120 035 ****61.25 Principal Place of Business Mailing Address P.O. BOX 110239 115 S.E. 2ND ST 2ND FLOOR MIAMI FL 33111-0239 C007316R MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Country Zip Zip 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 water and the second of the second Street Address (P.O. Box Number is Not Acceptable) DEMOS, ANGELO P 1101 BRICKELL AVE **SUITE 1700** Zip Code **MIAMI FL 33131** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **PSD** (2/01) ☐ Delete TITLE ☐ Change ☐ Addition **GOVANTES, CARLOS** NAME NAME STREET ADDRESS P O BOX 110239 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33111-0239 TITLE ☐ Delete TITLE [] Change ☐ Addition COSTANTINO, TEODORO NAME NAME STREET ADDRESS STREET ADDRESS 115 S.E. 2ND STREET., 2ND FL CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP Change... . Addition Delete -TITLE TITLE COSTANTINO, PANAGIOTIS NAME NAME STREET ADDRESS 115 S.E. 2ND STREET., 2ND FL STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 ceth; that I am an officer or director of the corporation or the receiver or trustee empowers 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 a different components.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

May marty UGARLOS GOVANTES P. 07/0401

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME Street address

☐ Delete

☐ Delete