5/1/2003

FILED
May 29, 2003 8:00 am
Secretary of State
05-01-2003 90361 013 ****61.25

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

DOCUMENT # N94000003202

1. Entity Name
Sans Souci Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

55044328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11960 NE 19 Drive	11960 NE 19 Drive
Suite, Apt. #, etc.: Office	Suite, Apt. #, etc.: Office
City & State: North Miami, FL	City & State: North Miami, FL
Zip: 33181 Country: USA	Zip: 33181 Country: USA

4. FEI Number: 65-0510327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alexandra Freire

Street Address (P.O. Box Number is Not Acceptable): 11930 NE 19TH Drive, #24

City: North Miami FL Zip Code: 33181

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 familiar with, and accept the obligations of registered agent.

SIGNATURE: Alexandra Freire 4/28/03
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: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres- Zenaida Ortiz D 11960 NE 19 Drive # 27 North Miami, FL 33181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.Pres- Roberto Perdomo D 11945 NE 19 Drive # 8 North Miami, FL 33181
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treasurer- D Fatima Beaulieu 11960 NE 19 Drive # 22 North Miami, FL 33181
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CR2E037B (12/02)

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: Zenaida Ortiz 4/28/03 305 608 8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #