2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 19, 2001 8:00 am § DOCUMENT # N9400003732 ~ Secretary of State LAS VERDES TOWNHOMES ASSOCIATION, INC. 03-19-2001 90458 011 ****61.25 Mailing Address Principal Place of Business 1189 SAWGRASS CORP. PKWY C/O MIAMI MANAGEMENT INC. SUNRISE FL 33323 1189 SAWGRASS CORP. PKWY SUNRISE-FL-33323 US 2. Principal Place of Business 3. Mailing Address 142 AVE US SFEPI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0509291 MIAMI Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 33186 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 3111 STIRLINE ROAD FORT LAUDERDALE FL 33312-6525 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition PD TITLE PD Change K Delete TITLE NAME SONETZ, KATHRYN NAME Zambrano, Rodrigo STREET ADDRESS STREET ADDRESS 777 SW 158TH TERRACE 680 SW 158 Way CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 Pembroke Pines, FL 33027 Addition A TITLE Change TD Delete TITLE VPD SONETZ. PETER NAME NAME Berman, Steve STREET ADDRESS STREET ADDRESS 777 SW 158TH TERRACE 785 SW 158 Terrace CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 Pembroke Pines, FL 33027 ☐ Change **X** Addition TITLE Delete TITLE ZAMBRANO, REDRIGO NAME NAME Fenner, Judie STREET ADDRESS STREET ADDRESS 680 SW 158TH WAY 604 SW 158 Way CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 Pembroke Pines, FL 33027 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 trusted 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.

REQUIRER OF 190 Zambrano 3/5/0/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED