FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # N9400005362 1. Entity Name 04-02-2002 90107 010 ****61 25 CRITERION ESTATES HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 5760 SW 107TH ST 5760 SW 107 ST MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0554608 Not Applicable \$8.75 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jesus Miranda Street Address (P.O. Box Number is Not Acceptable) ROSSO, JORGE L 5760 SW 107 ST Miami F1. 33156 **MIAMI FL 33156** Zip Code City 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. Tesus SIGNATURE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ☐ Delete TITLE NAME Jesus Miranda ROSSO, JORGE L NAME STREET ADDRESS 5761 SFW: 19758t. STREET ADDRESS 5760 SW 107 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Change ☐ Addition TITLE . ☐ Delete TITLE Mòira Berg ROSENFIELD, SHERYL NAME NAME 5700 S.W. 107 St. Miami Fl. 33156 STREET ADDRESS STREET ADDRESS 5701 SW 107 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 Geral Berg TITLE ☐ Change ☐ Addition ☐ Delete NAME 5700 SFW: 33758t. ROSSO, MARIA T. NAME STREET ADDRESS STREET ADDRESS 5760 SW 107 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

305-668-6670 **SIGNATURE:**