2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State WEST 74th Street II Condominium Association Im 04-25-2001 91000 014 ****61 25 Principal Place of Business Mailing Address 2355 west 74 st. HiALENN FL. 33016 A0056887 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0911942 City & State City & State Applied For Not Applicable Zip Country 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 Pscheco LAURA PEREZ CARLOS Street Address (P.O. Box Number is Not Acceptable) 2359 W 74 st. #104 2355 w 74 st HIALEAN FL. 33016 Zip Code 330/6 HIALEAH 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE gent and title if applicable ed or printed name of registere (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to. \$5.00 May Be Trust Fund Contribution. Added to Fees_ - Department of State FEE-IS-\$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition D/PDelete carlos A: Ascheco Ricardo Bustamante NAME 2351 W 74 ST # 104 HIALEAH FL. 33016 2355 W 745+ #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAN FL. 330 16 D/VP c Perez D / v P Addition Delete TITLE TITLE Gilberto Borrios ERIC NAME NAME 2355 W 74 St. #102 2359 W745T #101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH FL. 33016 HIALEAN FL. 330/6 Delete D/T.... Change ☐ Addition YOLANDA FRESTO 2351 W 74 St. # 106 LAURD Perez 2359 W 74 ST # 104 NAME NAME STREET ADDRESS STREET ADDRESS HIALEHH FL 33016 CITY-ST-ZIP CITY-ST-ZIP HIALENH FL. 33016 D/S ELiza Beth Castillo 2355 w 74 st #105 Delete Change ■ Addition Miquel GUANTES NAME STREET ADDRESS STREET ADDRESS 2351 W 74 ST. #103 CITY-ST-ZIP CITY-ST-ZIP HIALENH FL 33016 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ---- - --- - 🗔 Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. CAYlOS 305-821-7826 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR