2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005731

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90092 032 ****61.25

INC.	RINGS TOWNMHOMES CON	IDOMINIUM ASSOCIATI	ON,			
Principal Place of Business 655 W 68 ST. #2 HIALEAH FL 33014		Mailing Address 4445 WEST 16 AVE SUITE 308 HIALEAH FL 33012		1998/11 4/1 (1/6)	1.1112 18112 18112 18112 18112 18112 18112 18112 1811	1 111 02 11 0 1 1001
2. Principal	Place of Business	3. Mailing Address	<u></u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- ☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0754068 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of State	60.75 ·	dditional
	6. Name and Address of Curren	t Registered Agent		7. Name and Addre	ss of New Registered Agent	
MOLINA, ARGELIO 655 W 68TH ST		Name Street Address		ress (P.O. Box Number is Not Acceptable)		
HIALEAH	I FL 33014		City		FL Zip Co	ode
8. The above	e named entity submits this statement f	or the purpose of changing its re	egistered office or regist	tered agent, or both, in the	State of Florida. I am familiar wit	h, and accept
the obliga	ations of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if eaclieghts (NOTE)	Backward 6		3112-2003	
 	Signature, types of printed traine or registered agent	tale the happileadie. (NOTE:	Registered Agent signature requir	red when reinstating)	DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
	FILE NOW: FEE IS \$61.25					
10.	OFFICERS AND DI	Trust Fund Co		Added to Fees		State
10. TITLE- NAME STREET ADDRESS	OFFICERS AND DI MOLINA, ARGELIO 655 W 68 ST, #1	Trust Fund Co	ntribution.	Added to Fees	Florida Department of	State
10. TITLE* NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PD MOLINA, ARGELIO 655 W 68 ST, #1 HIALEAH FL 33014	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Department of	State
10. TITLE* NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PD MOLINA, ARGELIO 655 W 68 ST, #1 HIALEAH FL 33014 VD STANCHIO, JORGE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Department of	State
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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.

SIGNATURE:

SIGNATURE REQUIRED