2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N9600001744 1. Entity Name -28-2001 90063 049 ****61.25 SOUTHEAST GABLES RESIDENTIAL ASSOCIATION, INC. Principal Place of Business Mailing Address 1313 PONCE DE LEON BOULEVARD 1313 PONCE DE LEON BOULEVARD SUITE 301 SUITE 301 CORAL GABLES FL 33134-3007 CORAL GABLES FL 33134-3007 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0733552 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 Name Street Address (P.O. Box Number is Not Acceptable) DURANA, AURELIO ESQ 1313 PONCE DE LEON BOULEVARD SUITE 301 Zip Code CORAL GABLES FL 33134-3007 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$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. CR2E037 (10/00) TITLE TITLE Change ☐ Addition ☐ Delete NAME BLET, GEORGE NAME STREET ADDRESS 245 CANDIA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change TITLE ☐ Delete TITLE NAME **DURANA, AURELIO ESQ** STREET ADDRESS 322 ALESIO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change Addition TITLE Delete TITLE MELLINGER, ROBERT L NAME NAME STREET ADDRESS 315 CAMILO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete TITLE Change Addition TITLE HØRMIDA, RICARDO P NAME STREET ADDRESS 229 CADIMA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE Delete TITLE Change Addition NAME POLLACK, NORMAN NAME STREET ADDRESS STREET ADDRESS 306 ALESIO AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change Addition TITLE ☐ Delete

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 receive 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.

STREET ADDRESS

CITY-ST-ZIP

AURELIO DURAMA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: