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

FILED
Jun 13, 2002 8:00 A.M
Secretary of State

DOCUMENT # N96000004830

1. Entity Name

Geomara Gardens Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 NW 97 AVE	2500 NW 97 AVE
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Miami Florida	City & State: Miami Florida
Zip: 33172 Country: U.S.A.	Zip: 33172 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0713508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPM Group, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2500 NW 97 AVE

Suite 200

City: Miami FL Zip Code: 33172

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: Joaquin Alvarez 4/20/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	Valverde, Ariel
STREET ADDRESS	6997 W. 29 AVE Apt. 207
CITY-ST-ZIP	Hialeah, FL 33018.
TITLE	VDS
NAME	Garcia, Mario
STREET ADDRESS	6951 W. 29 AVE. Apt. 105
CITY-ST-ZIP	Hialeah, FL 33018
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 4/20/02 305-444-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

245.00