2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State DOCUMENT # N97000000631 VALENCIA VILLAS CONDOMINIUM ASSOCIATION, INC. 04-10-2000 90053 020 ****61.25 Mailing Address Principal Place of Business 17250 ALE 19TH AVENUE STATE YISRH AVENUE NOBYH MIANH BEACH FLY33162 Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 220 DUITE 4. FEI Number Applied For 65-0939566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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. d name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITLE ☐ Delete NAME PAIPILLA, ALEJANDRA NAME STREET ADDRESS STREET ADDRESS 3286 WEST 70TH STREET, #202 CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL DT TITLE Change ☐ Addition ☐ Delete TITLE CUETO, OSCAR NAME NAME STREET ADDRESS STREET ADDRESS 3258 WEST 70TH ST., #201 CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL TITLE Change --- Addition DS VP TITLE ☐ Delete NAME HERNANDEZ, RAUL NAME STREET ADDRESS STREET ADDRESS 3282 WEST 70TH STREET, #201 CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL ☐ Change Addition Delete TITLE ECHIVERRIA BERNARDO/ 3280 WEST/707H STREET, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS FU CITY-ST-7IP HIALEAHFL. 93018 Delete Change DD ☐ Addition TITLE PADRONE RAVINGNO NAME NAME STREET ADDRESS 32/74 WEST/20TH/ST/ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS/FI Delete TITLE ☐ Change ☐ Addition TITLE NAME valdez, david r NAME STREET ADDRESS STREET ADDRESS 3262 WEST 70TH STREET, #201

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 of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation of the receiver of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporat of the corporation or the receiver of changed, or on an attachment with

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