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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
04-11-2001 90036 010 ****61.25

DOCUMENT # N97000002311

1. Entity Name

THE JASMINE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2615 COLLINS AVE MIAMI BEACH FL 33140	SY-LO ENT CORP PO BOX 557967 MIAMI FL 33255 c/o GALIANO REALTY GROUP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2699 COLLINS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 120
City & State	City & State MIAMI BEACH, FL
Zip / Country	Zip / Country 33140 / USA

4. FEI Number 65-0777259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONDO, JASMINE
130 MADEIRA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: BECKER & POLIAKOFF, P.A.
Street Address (P.O. Box Number is Not Acceptable): 5201 BLUE LAGOON DR., STE. 100
City: MIAMI FL Zip Code: 33126

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 ✓ _____ 4/5/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (10)		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VICE PRES. / D BALTAZAR, MELCHIOR 2615 COLLINS AVE #32 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAKE JACOBSON 2615 COLLINS AVE. #2 MIAMI BEACH, FL 33140	☐ Change ☒ Addition PRESIDENT / D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SECTY. / D VERDE, FULVIA 2615 COLLINS AVE #6 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARTHA GASTON 2615 COLLINS AVE. #34 MIAMI BEACH, FL 33140	☐ Change ☒ Addition TREAS.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIRECTOR GARCIA, JOSE 2615 COLLINS AVE #36 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 4/5/01 - 305-672-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #