2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am § Secretary of State DOCUMENT # N9700002311 1. Entity Name 05-29-2002 93644 014 ****61.25 THE JASMINE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2615 COLLINS AVE % GALIAND REALTY GROUP MIAMI:BEACH-FL-33140-2699 COLLINS, AVE. SUITE 120 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Rec Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE *ት*8 City & State City & State 4. FE! Number Applied For 65-0777259 Not Applicable 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 Voda Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 12gatta 5201 BLUE LAGOON DR, STE 100 716 Fir MIAMI FL 33126 Zip Code 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 registe 9. Election Campaign Financing **\$5.00** May Be **FILE NOW: FEE IS \$61.25** Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE VD Delete PD TITLE CR2E037 (9/01) ☐ Change Addition mark NAME BALTAZAR, MELCHIOR NAME STREET ADDRESS 1688 2615 COLLINS AVE #32 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP SD Delete TITLE ☐ Change Addition NAME verde, fulvia NAME STREET ADDRESS 2615 COLLINS AVE #6 SUKOS CIRLE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 📈 NAME GARCIA, JOSE NAME $Q \cup i \cap Z$ STREET ADDRESS 2615 COLLINS AVE #36 STREET ADDRESS CITY-ST-7IP MIAMI_BEACH_FL_33139 CITY-ST-ZIP TITLE Delete: TITLE -Change --- Addition JACOBSON, JAKE NAME NAME STREET ADDRESS 2615 COLLINS AVE, #2 STREET ADDRESS CITY-ST-7IP MI<u>ami Beach Fl</u> 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GASTON, MARTHA NAME STREET ADDRESS 2615 COLLINS AVE, #24 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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