2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # N9700004858 1. Entity Name THE RONEY PALACE MASTER ASSOCIATION, INC.								04-18-200	3 90224	040 ****	70.00	
Principal Place of Business 2301 COLLINS AVE. M32 MIAMI BEACH FL 33139 US			Mailing Address 2301 COLLINS AVE. MIAMI BEACH FL 33139 US									
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.						H Hai ni Aasii 1	III KHI (BIB) I			
Suite, Apt. #, etc.						. CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FI	El Number (65-0781328			pplied For or Applicable]
Zip Country			Zip	Zip Coun			ertificate of	Status Desired	\psi(\$8.75 Ad Fee Require		
	8. Name a	nd Address of Current	Registered Agent			7. N	ame and A	ddress of New	Registered	Agent]
COCCHO	NOON MADDI	D HIDCONES D BASK	IN DOCC		Name		~~~~		-حند-		<u> </u>]-
GREENSPOON,MARDER,HIRSCHFELD,RAFKIN,ROS AND BERGER, P.A. 100 W. CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE FL 33309			econ,nu	nos		ress (P.O. Bo	x Number is	s Not Acceptab	le)]
				City			<u> </u>	F	Zip Cod	Ja		
	e named entity s		r the purpose of changing its	registere	d office or reg	gistered age	nt, or both, i	in the State of F			and accept	1
SIGNATURE		printed name of registered agent s	ind title it applicable. (NOT	E: Registered	Agent signstand n	recruired when rein	stating)		DATE			l
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	FILE NOW:	FEE JS \$61.25	9. Election Car Trust Fund C			\$5.0	O May Be to Fees			k Payable		-
	FILE NOW:		Trust Fund C	Contribution		\$5.0 Added	O May Be to Fees	Flori	da Depa	rtment of	State 	<u> </u>
10.	FILE NOW:	FEE JS \$61.25	Trust Fund C			\$5.0 Added	O May Be to Fees		da Depa	rtment of	State	(20
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered that 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03.

(30x 604-6508