2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State DOCUMENT # N9800004356 02-25-2002 90067 006 ****61.25 MIAMI LAKES COMMERCE PARK - SECTION TEN OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 7900 MIAMI LAKE DRIVE WEST 7900 MIAMI LAKE DRIVE WEST MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0918714 Not Applicable Zio Country 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 Name Street Address (P.O. Box Number is Not Acceptable) BRAFMAN, HOWARD J ESQ -- -7900 MIAMI LAKE DRIVE WEST MIAMI LAKES FL 33016 City Zip Code FL 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Ø Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. (9/01)TITLE TITLE ☐ Delete ☐ Addition NAME BRAFMAN, HOWARD J NAME STREET ADDRESS 7900 MIAMI LAKE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP TITLE X Delete TITLE [] Change ☐ Addition NAME BRICE, C. ALLEN NAME STREET ADDRESS STREET ADDRESS 7811 WEST 2ND COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete TITLE ☐ Addition Change NAME BATTLE, ROBERT NAME STREET ADDRESS STREET ADDRESS 7850 NW 146TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Delete TITLE TITLE Change K Addition BRAUN, STEPHEN NAME NAME 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. Thereby 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.

STREET ADDRESS

CITY - ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

305-820-3977