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

DOCUMENT # N9900004020

1. Entity Name

FAIR PRICE WAREHOUSES CONDOMINIUM ASSOCIATION, I



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90226 002 ****61.25

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Principal Pla	ace of Business	Mailing Address						
195 SW 166 AVE PEMBROKE PINES FL 33027		195 SW 166 AVE PEMBROKE PINES FL 3302	27	,	. •			
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
Suite, Apt. #, etc.								
City & State		City & State		4. FEI Number 55-0794576 Applied For Not Applied For				
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Addit	ional	
	6. Name and Address of Curren	Registered Agent		7. Name and Addre	ss of New Registered Ag	•		
	ساسها والمحدان المياس	ಎರ - ಆಮುನ್ಯಮ ಆಗಂದ	Name	RLOSN	PARTINE	()		
MARTINI, GREGORY T			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	JEUNE ROAD, #1101 GABLES EL 33134			.)		-		
COUPLE	UMDEGS + L 33 134		1955	W 166	Me			
			Donald.		FL	Zip Code	7	
8. The above	e named entity submits this statement f	or the purpose of changing its	registered office or regis	tered agent, or both, in the		miliar with an	nd accept	
the obliga	ations of registered agent					armical writing car	io docopt	
CICKIATURE	a las Men				~ ~ ~ .			
SIGNATURE		t and title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)	2-3-0	<u>,</u> 3		
SIGNATURE /		t and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating)	2-3-0 DATE	<u>'3</u>		
		9. Election Can	Registered Agent signature requi	\$5.00 May Be Added to Fees	2-3-a DATE Make Check Florida Departing	Payable to		
	Signature, typed or printed name of egistreg agen FILE NOW: FEE IS \$61.25 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make Check Florida Departn	Payable to	ate	
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10. TITLE NAME	FILE NOW: FEE IS \$61.25 OFFICERS AND DI MARTINEZ, CARLOS M	9. Election Can Trust Fund C	npaign Financing ontribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Make Check Florida Departn TO OFFICERS AND DIRE	Payable to	ate 0	
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12. I hereby certify that the information supplied with this filling 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 ampowered 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.

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7-3-03

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