

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90196 040 ****61.25

DOCUMENT # N99000006388

1. Entity Name

VERANDA AT DORAL CONDOMINIUM NO. 4 ASSOCIATION, INC.

Principal Place of Business

11030 NORTH KENDALL DRIVE
 SUITE 100
 MIAMI FL 33176

Mailing Address

11030 NORTH KENDALL DRIVE
 SUITE 100
 MIAMI FL 33176

2. Principal Place of Business

2500 N.W. 97 Ave

3. Mailing Address

2500 N.W. 97 Ave

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

200

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

Dade

Zip

33172

Country

Dade

6. Name and Address of Current Registered Agent

MIAMI MANAGEMENT INC
 14275 SW 142ND AVENUE
 ATTN: VELDA CASTILLO, PROPERTY MGR
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **SPM Group INC.**
 Street Address (P.O. Box Number is Not Acceptable)
 2500 N.W. 97 Ave
 Suite # 200
 City **Miami** **FL** Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PASTOR, MAURA M	
STREET ADDRESS	5255 NW 112ND AVENUE, #5	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRESPO, CLAUDIA	
STREET ADDRESS	5255 NW 112TH AVENUE, #8	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANTIAGO, SOMALIA	
STREET ADDRESS	5275 NW 112TH AVENUE, #8	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELAQUEZ, JESUS	
STREET ADDRESS	5265 NW 112TH AVENUE, #4	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTOS, SIMANUEL	
STREET ADDRESS	5275 NW 112TH AVENUE, #2	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (4/02)

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**

7/9/02