

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

APPROVED  
AND  
FILED

03 MAY 27 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007546  
1. Entity Name  
Veranda at Doral Condominium No. 2  
Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2500 N.W. 97 Ave  
Suite, Apt. #, etc.  
Suite 200  
City & State  
Miami, Florida  
Zip  
33172 Country  
U.S.A.

3. Mailing Address  
2500 N.W. 97 Ave  
Suite, Apt. #, etc.  
200  
City & State  
Miami, Florida  
Zip  
33172 Country  
U.S.A.

REINSTATEMENT 01-02

4. FEI Number  
650983226 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name  
S.P.M. 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.

SIGNATURE Lincoln Babun L.B. 4/23/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25  
Initial or Amended: UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

## OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Melanie Foreman 5250 N.W. 109 Ave #3 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Maribel Marin 5260 N.W. 109 Ave Miami, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Nicolas Caccavellie 5260 N.W. 109 Ave #3 Miami, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	100020249651 05/29/03--01025--003 **297.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	100020249651 05/29/03--01025--004 **61.25
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DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with another like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)