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

APPKOVEL AND FILED

DOQUMENT # N99000007546

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

03 HAY 27 AM 8: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA.

## DO NOT WRITE IN THIS SPACE

2500	<u></u>	3. Mailing Address 2500 N. W	. 97 Ave	REINSTAT	WENT OI-OS
Suite, Apt. ろいけ		Suite, Apt. #, etc.		DONOTWR	HE INSTRUSPACE
City & Stat	ni, Florida	City & State	Florida	4. FEI Number (50 98	3226 Applied For Not Applicable
-351D	Country S.A.	32/D2	Country A-	_5Contificate of Status Desired.	\$8.75 Additional
7. Name and Address of Current Registered Agent					
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4	DO NOTEW	6. 外域内0.00%,这个对主他的。他将这	- Street Address	(P.O. Box Number is Not Acceptab	le)
	IN THIS SP	ACE F	2500	N.W. 97 AU	e Suite 200
			City M	ami	FL Zip Code ソフス
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.					
			$\mathcal{Q} \setminus \mathcal{Q}$	1 1	102 15
SIGNATURE.	LINCO L ISabu Signature, typed or printed name of registered agent a	N State described (NATE			4/23/03
a la desar de la	Signature, operary princed raine or registrest agent a	Service applicable. (NOTE	Registered Agent signature require	S WITCH THE STATE OF THE STATE	TANK STANDARD STANDARD STANDARD
42	FEE IS \$61.25	7. 12. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	paign Financing		ake Check Payable to
	Initial or Amended UBR	Trust Fund C	ontribution. L.J	Added to Fees	Department of State
77.	OFFICERS AND DIR		281 ( 2021-201)		
, TITLE NAME	DP Melanie F	109 Ave #3	TITLE - NAME	**************************************	0249651   5 025003 ***297.50   5
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl		CITY-ST-ZIP		0249651 025-004 **61.25
HILE NAME	DS Maribel 1	Marin	AAME A	05/29/0301	<b>の24965.1</b> 025004、**61-25 8
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NAME	29 PO V. P. 10	9 Ave #3	NAME 3		
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CITY-ST-ZIP			CITY ST. 7P		
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IIILE NAME			TITLE		
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CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	the everyntion stated in Se	action 119 07(3)(i) Elevido Statuto	I further certify that the information
- incredy (	recording and morningion applied and t	and oming does not adding for	and anomphon stated in Se	social instances (only, righted statutes.	Transfer secting that the information

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 on an attachment with an address, with appears in Block 10 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/0 S

Daytime Phone €