## FILED 2003 FOR PROFIT CORPORATION May 19, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P01000065118 DOCUMENT # 05-19-2003 90205 042 \*\*\*150.00 1. Entity Name CREEK CLUB NO. 1, INC. Principal Place of Business Mailing Address **ひひとりひかりり** 8000 TATUM WATERWAY DRIVE 8000 TATUM WATERWAY DRIVE UNIT #4 UNIT #4 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE-IF-MAKING CHANGES : City & State City & State 4. FEI Number Applied For 07-1693315 Not Applicable Zip Country Country Zip

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENDOZA, LUIS Street Address (P.O. Box Number is Not Acceptable) 7801 ABBOTT AVE #402 MIAMI BEACH FL 33141 City Zip Code 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 edistered agent. ne of registered ade it and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ... Delete TITLE Change ■ Addition NAME PEREZ. RAFAEL NAME STREET ADDRESS 8000 TATUM WATERWAY DRIVE #4 STREET ADDRESS City-St-ZiP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE Change ☐ Addition NAME . MENDOZA, LUIS NAME STREET ADDRESS STREET ADDRESS 8000 TATUM WATERWAY DRIVE #1 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE Change Addition NAME AMPARO, MERCEDN NAME STREET ADDRESS STREET ADDRESS 8000 TATUM WATERWAY DRIVE #3 CITY-ST-ZIF CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP. CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-7IP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: