

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90070 038 ***158.75

DOCUMENT # P02000032532

1. Entity Name

EMERALD DUNES APARTMENTS, INC.



DO NOT WRITE IN THIS SPACE

80045345

2. Principal Place of Business

1130 Washington Avenue

3. Mailing Address

1130 Washington Avenue

Suite, Apt. #, etc.

4th Floor

Suite, Apt. #, etc.

4th Floor

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

01-0661862

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

McDonough, Brian J.

Street Address (P.O. Box Number is Not Acceptable)

2200 Museum Tower

150 West Flagler Street

City

Miami

FL

Zip

33130

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Saland, Robert
STREET ADDRESS 1130 Washington Avenue, 4th Floor
CITY-ST-ZIP Miami Beach, FL 33139

TITLE VSD
NAME Rojo, Francisco
STREET ADDRESS 1130 Washington Avenue, 4th Floor
CITY-ST-ZIP Miami Beach, FL 33139

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO ROJO
Vice President

2/25/03 (305) 538-9552, EXT. 103

Daytime Phone #

CR2E034B (12/02)