2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000093165 **DOCUMENT #**

1. Entity Name

13071 CONDO CORPORATION



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90790 005 ***150.00

	13971 CONDO CORFORMION							
Suffe, Apt. #. etc. Suffe, Apt. #. etc. Suffe, Apt. #. etc. GHECK HERE IF MAKING CHANCES Zip Country Zip Zi	Principal Place of Business 15531 S.W. 109TH TERRACE MIAMI FL 33196		15531 S.W. 109TH TERRACE					
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City & State Country Country Country Country Country Country S. Collidate of Status Desired Resilvational Fee Repailed	2. Principal Place of Business		3. Mailing Address					1889 0111 1881
Section Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Country Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additional	City & State		City & State		4. FEI Number 55 - 079999	74 Ap		
Name Name Street Address (RO. Box Number a Not Acceptable)	Zip	Country	Zip	Coun	try		\$8.75 Add	
MUJICA, MATILDE	6	. Name and Address of Current	l' Registered Agent			7Name and Address of New Register	ed Agent	
15531 S.W. 109TH TERRACE MIAMI FL 33196 City FL Zip Code	ANADA MATERIA				Name			
MAMIFL 33198 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the ebiligations of registered agent ag			Street Address		P.O. Box Number is Not Acceptable)			
B. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the state of Florida Delete the obligations of registered agent. Or both in the State of Florida Agent agent agent and search agent agen								
SIGNATURE Signature Properties of registered agent and street appreador specified					City		FL Zip Code	е
TILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 1.0 Added to Fees 1.1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 ADDITIONS/CHANGES ADDITIONS/C			the purpose of char	nging its registere	ed office or register	ed agent, or both, in the State of Florida. I	am familiar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDR	SIGNATURE	ature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	d Agent signature required	when reinstating)	ATE	
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		v that the information supplied with	this filing does not a		l l	ection 119 07(3)(i). Florida Statutes I furthe	r certify that the ii	nformation :

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