

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 29, 2000 8:00 am
Secretary of State**

02-29-2000 90131 015 ***150.00

DOCUMENT # 646305

1. Entity Name

1560 JEFFERSON AVENUE CONDOMINIUM ASSOCIATION, I

Principal Place of Business 1560 JEFFERSON AVE APT #6 MIAMI BEACH FL 33139 US	Mailing Address 1560 JEFFERSON AVE APT #8 MIAMI BEACH FL 33139-3440 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Sy-Lo Ent. Corp. P.O. Box 557967	4. FEI Number 11-4126433	Applied For Not Applicable
City & State Miami, FL	City & State Miami, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 33255	Country USA		

6. Name and Address of Current Registered Agent DEFILIPPIS, THOMAS E. 1560 JEFFERSON AVE #8 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name Sy-Lo Ent. Corp. Street Address (P.O. Box Number is Not Acceptable) 130 MADEIRA AVE. City CORAL GABLES FL Zip Code 33134
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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 *Thomas E. Defilippis* - Prop. Mgr. - CAM DATE **1-06-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEFILIPPIS, THOMAS E		NAME	
STREET ADDRESS 1560 JEFFERSON AVE #8		STREET ADDRESS	
CITY-ST-ZIP MIAMI BCH FL 33139		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAQUE, CAROL		NAME	
STREET ADDRESS 1560 JEFFERSON AVE #1		STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME LARRY DOMILIO	
STREET ADDRESS		STREET ADDRESS 1560 JEFFERSON AVE #5	
CITY-ST-ZIP		CITY-ST-ZIP M.B., FL 33139	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas E. Defilippis* **SIGNATURE REQUIRED** DATE *Jan 10, 2000* DAYTIME PHONE # *305-531-1977*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR