

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706869

1. Entity Name

MICHIGAN MANOR CONDOMINIUM INC

**FILED**  
May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90031 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1590 MICHIGAN AVENUE #2  
APT NUM 2  
MIAMI BEACH FL 33139  
US

1590 MICHIGAN AVENUE #2  
APT NUM 2  
MIAMI BEACH FL 33139-3325  
US

2. Principal Place of Business

NO CHANGE

3. Mailing Address

NO CHANGE

Suite, Apt. #, etc.

APT NUM 2

Suite, Apt. #, etc.

APT NUM 2

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0011492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUZ, CARDONA  
1590 MICHIGAN AVE. #5  
MIAMI FL 33139

Name: GEORGINA Riestra

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

1590 MICHIGAN AVE #7

City MIAMI

FL

Zip Code

33139

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS COLLAZOS, NEY  
CITY-ST-ZIP 507 NE 38 ST  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME TD  
STREET ADDRESS FRACA, ADELA  
CITY-ST-ZIP 1590 MICHIGAN AVE, #2  
MIAMI FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME SD  
STREET ADDRESS Riestra, Georgina  
CITY-ST-ZIP 1590 MICHIGAN AVE, #7  
MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #