2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State **QOCUMENT # 707493** :Entity Name 05-14-2002 90063 013 ****61.25 900 EUCLID AVENUE INC A CONDOMINIUM Principal Place of Business Mailing Address 900 EUCLID AVENUE 900 EUCLID AVENUE APT #14 **APT #14** MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1109142 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BELLER, LOUIS R 900 EUCLID AVENUE **APT #14** MIAMI BEACH FL 33139 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change ☐ Addition NAME SALAZAR, CONRAD NAME STREET ADDRESS 900 EUCLID AVENUE APT 12 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP DV ☐ Delete TITLE ☐ Change Addition NAME MORATO, JOSE NAME STREET ADDRESS 900 EUCLID AVENUE UNIT 23 STREET ADDRESS CITY-ST-ZIF <u>Miami Beach Fl</u> 33139 CITY-ST-ZIP TITLE SD STA GULLIERMO Abt 15 TITLE Change Change SEE CHOUSE NAME vasta, guillermo NAME STREET ADDRESS 900 EUCLID AVE STREET ADDRESS CITY-ST-ZIE MIAMI BEACH FL 33139 CITY-ST-ZIP # TITLE ☐ Delete TITLE ☐ Change Addition BELLER, LOUIS R NAME NAME STREET ADDRESS 900 EUCLID AVENUE APT 14 STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE + SCLRE TA Change Ch Addition NAME RODRIGUEZ, GLORIA NAME STREET ADDRESS 940 EUCLID AVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP

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 that the 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 if any an officer or right that corporation or the receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name of the corporation or an attachment with an address, with all other like proposed. SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Miami Beach, FL 33139 1885) 531-0660

FILED