

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90137 032 ****61.25

DOCUMENT # 707557

1. Entity Name

NONNIE SUE INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

**543 MERIDIAN AVENUE
 MIAMI BEACH FL 33139**

**P.O. BOX 414509
 MIAMI BEACH FL 33141**

80132019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6169446

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

**MORANA, ALFRED
 8801 BISCAYNE BLVD.
 SUITE 102
 MIAMI FL 33138**

Name

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

City

FL 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)

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	DP MORANA, ALFRED	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1220 N.E. 82ND STREET MIAMI FL 33138	
TITLE NAME	DPV MORANA, CARMEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1220 N.E. 82ND STREET MIAMI FL 33138	
TITLE NAME	DS GOMEZ, ROSALIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	630 S. SHORE DRIVE MIAMI BEACH FL 33141	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Alfred Morana*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-2002 305-752-0121

CR2E037 (9/01)