

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

004575

DOCUMENT # 709558

05-02-2001 90016 044 ****61.25

1. Entity Name

1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.

Principal Place of Business 1100 ALTON ROAD APT.5-E MIAMI BEACH FL 33139 US	Mailing Address % CARL FISHER 108 P.O. BOX 398806 MIAMI BEACH FL 33239-8806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1142913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ORFILA, IRMA
1100 ALTON ROAD
APT.5-E
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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 *Irma Orfila* **IRMA ORFILA (Treasurer)** **4/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENITEZ, CARLOS <input checked="" type="checkbox"/> Delete 1100 ALTON ROAD 4F MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD QUINTANA, JULIO <input type="checkbox"/> Delete 1100 ALTON RD., #4A MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORFILA, IRMA <input type="checkbox"/> Delete 1100 ALTON ROAD #5E MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORFILA, IRMA <input type="checkbox"/> Delete 1100 ALTON RD., #5E MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUSSPIEGEL, IRLENE <input type="checkbox"/> Delete 100 ALTON RD, #5A MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGE GALLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 Alton Road Apt.2-E MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Irma Orfila* **IRMA ORFILA (Treasurer)** **4/25/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)