

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90042 032 ****61.25

DOCUMENT # 709558

1. Entity Name

1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.

Principal Place of Business

Mailing Address

**1100 ALTON ROAD
 APT.5-E
 MIAMI BEACH FL 33139
 US**

**% CARL FISHER 108
 P.O. BOX 398806
 MIAMI BEACH FL 33239-8806**

T 2 0 4 1 6



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

59-1142913

Applied For =

Not Applicable

Zip

Country

Zip

Country

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

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

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

Irma Orfila (TREASURER-IRMA ORFILA)

4/25/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GALLO, JORGE	
STREET ADDRESS	1100 ALTON ROAD APT 2-E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	QUINTANA, JULIO	
STREET ADDRESS	1100 ALTON RD., #4A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ORFILA, IRMA	
STREET ADDRESS	1100 ALTON ROAD #5E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ORFILA, IRMA	
STREET ADDRESS	1100 ALTON RD., #5E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAUSSPIEGEL, IRLENE	
STREET ADDRESS	100 ALTON RD, #5A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, JULIO	
STREET ADDRESS	1100 ALTON RD., #4A	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 (TREASURER-IRMA ORFILA) 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 531-7210

CR2E037 (9/01)