

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90121 027 ****61.25

DOCUMENT # 709558

1. Entity Name
1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.



Principal Place of Business
**1100 ALTON ROAD
APT. 5-F
MIAMI BEACH FL 33139
US**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1100 ALTON ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 2-F

City & State
MIAMI BEACH, FL

City & State

4. FEI Number **59-1142913**

Applied For
Not Applicable

Zip
33139

Country
U.S.

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-F
MIAMI BEACH FL 33139**

Name
VICHESLAV N. VICHEV

Street Address (P.O. Box Number is Not Acceptable)
1100 ALTON ROAD

APT. 2-F

City
MIAMI BEACH

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Irma Orfila* **IRMA ORFILA (Treasurer)**

4/23/2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VICHESLAV N. VICHEV 1100 ALTON RD. # 2 F MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-P MARAH ALCANTARA 1100 ALTON RD. # 3E MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER OLGA L. MONTELLIER 1100 ALTON RD. # 4 B MIAMI BEACH, FL 33139	<input checked="" 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 4/23/03 (305) 531-7210**

CR2E037 (10/02)