2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 712580** Apr 22, 2000 8:00 am 1. Entity Name Secretary of State 252 JEFFERSON CONDOMINIUM, INC. 04-22-2000 90006 044 ****61.25 Principal Place of Business Mailing Address 252 JEFFERSON AVE APT 4 252 JEFFERSON AVE APT 4 MIAMI BCH FL 33139-7036 MIAMI BCH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1235171 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ABPLANALP, EVELYN 252 JEFFERSON AVE, APT #4 MIAMI BCH. FL 33139 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D Change ☐ Addition VPTD TITI F ☐ Delete TITLE 252 JEFFERSON AVE #8 NAME BART, GEROGE NAME STREET ADDRESS STREET ADDRESS 252 JEFFERSON AVE #8 CITY-ST-ZIP CITY-ST-ZIE MIAM! MIAMI BEACH FL 33139 TITLE ☐ Delete TITLE TD NAME NAME ABPLANALP, EVELYN STREET ADDRESS STREET ADDRESS 252 JEFFERSON AVE APT 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH, FL 00000 TITLE PD 🗷 Delete DEFRIETAS 525E FERSON AVE NAME NAME waites, rodney STREET ADDRESS STREET ADDRESS 252 JEFFERSON AVE #5 Beach, FlA. 33139 CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33139 Change Addition SD TITLE TITLE ■ Delete 252 Jeffees NAVE + 2 NAME SAADY, AARON NAME STREET ADDRESS STREET ADDRESS 252 JEFFERSON AVE #5 Beach, FlA 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS 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

SIGNATURE:

changed, or on an attachment with an address, with all other like em

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Opril 16, 2000 305-532