

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712580

1. Entity Name

252 JEFFERSON CONDOMINIUM, INC.

Principal Place of Business

252 JEFFERSON AVE APT 4  
MIAMI BCH FL 33139

Mailing Address

252 JEFFERSON AVE APT 4  
MIAMI BCH FL 33139

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

59-1235171

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

ABPLANALP, EVELYN  
252 JEFFERSON AVE, APT #4  
MIAMI BCH. 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

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  
NAME BART, GEROGE  
STREET ADDRESS 252 JEFFERSON AVE #8  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME ABPLANALP, EVELYN  
STREET ADDRESS 252 JEFFERSON AVE APT 4  
CITY-ST-ZIP MIAMI BCH, FL 00000 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME DEFRIETAS, GIAUCO  
STREET ADDRESS 252 JEFFERSON AVE #7  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME GOMEZ, LUISA  
STREET ADDRESS 252 JEFFERSON AVE #2  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90327 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)