

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713047

1. Entity Name

WASHINGTON CENTER CONDOMINIUM, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90003 023 ****61.25

Principal Place of Business

Mailing Address

524 WASHINGTON AVE
SUITE 100
MIAMI BEACH FL 33139
US

524 WASHINGTON AVE
SUITE 100
MIAMI BEACH FL 33139-6669
US

2. Principal Place of Business

3. Mailing Address

same

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1259698

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

KONARSKI, KRISTINA
524 WASHINGTON AVE
202
MIAMI BEACH FL 33139

Name OSUALDO DORTICOS
Street Address (P.O. Box Number is Not Acceptable)
524 Washington Ave Apto 207
524 Washington Center Apto 207
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.

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 D ☐ Delete
NAME DORICAS, OSVALDO
STREET ADDRESS 524 WASHINGTON AVENUE, APT. 207
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE P ☐ Change ☐ Addition
NAME Osualdo Dorticos
STREET ADDRESS 524 Washington Ave Apto 207
CITY-ST-ZIP Miami Beach FL 33139

TITLE D ☐ Delete
NAME ELIZOALDO, EDUARDO
STREET ADDRESS 524 WASHINGTON AVENUE, APT. 101
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☐ Change ☐ Addition
NAME Eduardo Elizondo
STREET ADDRESS 524 Washington Ave Apto 101
CITY-ST-ZIP Miami Beach FL 33139

TITLE D ☐ Delete
NAME LEAL, ESTELZ
STREET ADDRESS 524 WASHINGTON AVENUE, APT. 306
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME Estela Leal
STREET ADDRESS 524 Washington Ave Apt 306
CITY-ST-ZIP Miami FL 33139

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

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 REQUIRED President 1-10-2000 305-5345068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)