2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90061 001 ****75.00

DOCUMENT # 713047

1. Entity Name

WASHINGTON CENTER CONDOMINIUM, INC.

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Washington Ave	Washington Ave
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: Miami Beach.	City & State: Miami Beach.
Zip: 33139 Country: Dade.	Zip: 33139 Country: Dade.

4. FEI Number: 59-1259698 ☒ 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
DORTICOS, OSVALDO 524 WASHINGTON AVE 207 MIAMI BEACH FL 33139	Name: Osvaldo Dorticos. Street Address (P.O. Box Number is Not Acceptable): 100 Lincoln Rd. Apt. 612. Decoplage Building. 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: Osvaldo Dorticos. 1/10/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORTICOS, OSUALDO 524 WASHINGTON AVENUE, APT. 207 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ELIZONDO, EDUARDO 524 WASHINGTON AVENUE, APT. 101 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NAZCO, EVELIO 524 WASHINGTON AV A206 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 Osvaldo Dorticos. 1/10/02 305-5345068
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) DATE