

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90439 012 ****61.25

DOCUMENT # 713047

1. Entity Name

WASHINGTON CENTER CONDOMINIUM, INC.



Principal Place of Business

**524 WASHINGTON AVE
SUITE 100
MIAMI BEACH FL 33139
US**

Mailing Address

**524 WASHINGTON AVE
SUITE 100
MIAMI BEACH FL 33139
US**

2. Principal Place of Business

3. Mailing Address

40 CAM Management Svcs.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 5103

City & State

City & State

Hialeah, FL.

Zip

Country

Zip

Country

33014-1103

USA

4. FEI Number **59-1259698**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DORTICOS, OSVALDO
100 LINCOLN RD APT 612
DECOPLAGE BUILDING
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Anita Gonzalez

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

CAM Management Services

1800 W 49 St. # 330

City

Hialeah,

FL

Zip Code

33012

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **NAZCO, EVELIO**
CITY-ST-ZIP **524 WASHINGTON AV A208**
MIAMI BEACH FL 33139

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Amaddeo Vincenz**
CITY-ST-ZIP **524 Washington Ave. # 311**
Miami Beach, FL. 33139

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **Maria Lawer**
CITY-ST-ZIP **524 Washington Ave. # 302**
Miami Beach, FL. 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Dorticos Osvaldo**
CITY-ST-ZIP **524 Washington Ave. # 207**
Miami Beach, FL. 33139

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

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

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Amaddeo Vincenz**
CITY-ST-ZIP **524 Washington Ave. # 311**
Miami Beach, FL. 33139

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Maria Lawer**
CITY-ST-ZIP **524 Washington Ave. # 302**
Miami Beach, FL. 33139

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: **Osvaldo Dortico** **REQUERIDO** **Osvaldo Dortico** **2/10/03** **(305) 826-9191**

CR2E037 (10/02)