

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714234

1. Entity Name

919 MICHIGAN CONDOMINIUM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90112 003 ****61.25

Principal Place of Business

Mailing Address

919 MICHIGAN CONDOMINIUM, INC.
 919 MICHIGAN AVENUE
 MIAMI BEACH FL 33139-5333

919 MICHIGAN CONDOMINIUM, INC.
 919 MICHIGAN AVENUE
 MIAMI BEACH FL 33139-5333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2044560

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

VALENCIA, DIEGO
 919 MICHIGAN AVE
 #7
 MIAMI BEACH 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 TO

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIEGO, VALENCIA	
STREET ADDRESS	919 MICHIGAN AVE #7	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLENSWEIG, FRED	
STREET ADDRESS	919 MICHIGAN AVE #3	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLAPKA, FRANCES	
STREET ADDRESS	919 MICHIGAN AVE #9	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00
 Date Daytime Phone #

CR2E037 (9/99)