

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90258 024 \*\*\*\*61.25

**DOCUMENT # 717456**

1. Entity Name

**363 WASHINGTON CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**363 WASHINGTON AVENUE**  
~~#22~~  
**MIAMI BEACH FL 33139**

**363 WASHINGTON AVENUE**  
~~#22~~  
**MIAMI BEACH FL 33139-6947**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1318528**

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

**QUICK, TIMOTHY**  
**363 WASHINGTON AVE 33**  
**MIAMI BEACH FL 33139**

Name **GALI M. PACHECO**

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

**363 WASHINGTON AVE # 22**

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 **GALI M. PACHECO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/11/00**

**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 **P**  Delete  
 NAME **QUICK, TIMOTHY**  
 STREET ADDRESS **363 WASHINGTON AVE 33**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **P**  Change  Addition  
 NAME **GALI M. PACHECO**  
 STREET ADDRESS **363 WASHINGTON AVE 22**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP**  Delete  
 NAME **PACHECO, GALI**  
 STREET ADDRESS **363 WASHINGTON AVE 25**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VP**  Change  Addition  
 NAME **GALI J. PACHECO**  
 STREET ADDRESS **363 WASHINGTON AVE 25**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D.**  Delete  
 NAME **GONZALEZ, ALBERTO**  
 STREET ADDRESS **363 WASHINGTON AVE 43**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **S.T.**  Change  Addition  
 NAME **JUETTE DELGADO**  
 STREET ADDRESS **363 WASHINGTON AVE 65**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **T**  Delete  
 NAME **KIRSCHENBAUM, HELEN**  
 STREET ADDRESS **363 WASHINGTON AVE 34**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **REILLY, ELIZABETH**  
 STREET ADDRESS **363 WASHINGTON AVE 45**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ENRIQUE, LAVAS**  
 STREET ADDRESS **363 WASHINGTON AVE 41**  
 CITY-ST-ZIP **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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/00**

Date

**305-531-2080**

Daytime Phone #

CR2E037 (9/99)