

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90625 027 \*\*\*\*61.25

**DOCUMENT # 720563**

1. Entity Name

**MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6039 COLLINS AVE.  
 MIAMI BEACH FL 33140**

**6039 COLLINS AVE.  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1377619**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYMAN, MICHAEL  
 44 W. FLAGLER STREET  
 14TH FLOOR  
 MIAMI FL 33130**

Name **DAVID H. ROGEL, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable) **Becker & Pollack, P.A.**  
**5201 Blue Lagoon Dr. #100**  
 City **Miami** FL Zip Code **33126**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	CASAS, EDWARD	
STREET ADDRESS	6039 COLLINS AVE #1034	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALZUGARAY, HECTOR	
STREET ADDRESS	6039 COLLINS AVE #309	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S.	<input type="checkbox"/> Delete
NAME	GOMEZ-ORTEGA, SARA	
STREET ADDRESS	6039 COLLINS AVE #1425	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SABO, SAL	
STREET ADDRESS	6039 COLLINS AVE #506	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENITO, URBANO	
STREET ADDRESS	6039 COLLINS AVE #PH-17	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LOURDES	
STREET ADDRESS	6039 COLLINS AVE #50	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORLANDO VELASQUEZ	
STREET ADDRESS	6039 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARLE De LATORRE	
STREET ADDRESS	6039 COLLINS AVE #	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA GOMEZ ORTEGA	
STREET ADDRESS	6039 COLLINS AVE #1425	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVIN KOHLI	
STREET ADDRESS	6039 COLLINS AVE #929	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE TERRINOMI	
STREET ADDRESS	6039 COLLINS AVE #9607	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobi Newman	
STREET ADDRESS	6039 COLLINS AVE #808	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

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: CALVIN KOHLI** 2/20-02 305 865-4247

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CR2E037 (9/01)