

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90185 032 ****61.25

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DOCUMENT # 725521

1. Entity Name

MIAMI SHORES CONDOMINIUM ASSOCIATION INC

Principal Place of Business

Mailing Address

9022 N.E. 8TH AVE.
 MIAMI SHORES FL 33138-9099

9022 N.E. 8TH AVE.
 MIAMI SHORES FL 33138-9099

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1P

Suite, Apt. #, etc.

1P

City & State

City & State

4. FEI Number

59-1484538

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

PIPPINGER, GLENN E
 9020 NE 8TH AVE
 MIAMI SHORES FL 33138

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 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WALSH, CHARLES	
STREET ADDRESS	9020 NE 8TH AVE #2B	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PIPPINGER, GLENN	
STREET ADDRESS	9020 NE 8TH AVE, #1C	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ERNST, DONALD	
STREET ADDRESS	9020 NE 8TH AVE, #3E	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLARMAN, SCOT	
STREET ADDRESS	9022 NE 8TH AVE 2P	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOLT, ROSEMARY	
STREET ADDRESS	9022 NE 8TH AVE, 1N	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, LORETA	
STREET ADDRESS	9022 NE 8TH AVE 1Q	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimmy Stobs	
STREET ADDRESS	9022 NE 8TH AVE #3D	
CITY-ST-ZIP	MIAMI SHORES FL 33138-9099	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Lasch	
STREET ADDRESS	9022 NE 8TH AVE #20	
CITY-ST-ZIP	MIAMI SHORES, FL 33138-9099	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Klarman, Scott M.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Loretta	
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:

Scott M. Klarman 2/2/01

305-751-6463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)