

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725906

1. Entity Name

EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90031 039 ****61.25

Principal Place of Business

Mailing Address

~~C/O TPS MANAGEMENT
P.O. BOX 661554
MIAMI SPRINGS FL 33266~~

CHANGE

C/O TPS MANAGEMENT
P. O. BOX 661554
MIAMI SPRINGS FL 33266-1554

A0034012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 SW 3RD AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33129

Country

Country

4. FEI Number

65-0343593

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

S.K.R.L.D.
201 ALAHAMBRA CIRCLE, STE. 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 Func 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 Delete
NAME DVP
STREET ADDRESS PARKER, DEWEY
CITY-ST-ZIP 850 SAN PEDRO AVE
CORAL GABLES FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME DP
STREET ADDRESS RIOS, MARCO
CITY-ST-ZIP 2300 SW 3RD AVE., #3
MIAMI FL 33129

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME TSD
STREET ADDRESS REY, ~~KATE~~ KATHERINE
CITY-ST-ZIP 2300 SW 3 AVE, APT 18
MIAMI FL 33129

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME DV
STREET ADDRESS GABRIEL BELMONTE
CITY-ST-ZIP 2300 SW 3RD AVENUE APT #15
MIAMI, FL 33129

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME D
STREET ADDRESS DOTTIE E MAYOL
CITY-ST-ZIP 2300 SW 3RD AVENUE APT #6
MIAMI, FL 33129

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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:

Katherine Rey KATHERINE Rey 4/3/00

305-593-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)