

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90180 042 ****61.25

DOCUMENT # 727533

1. Entity Name
MICHELLE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
3582 NE 171 STREET **3582 NE 171 STREET**
N. MIAMI BEACH FL 33160 **N. MIAMI BEACH FL 33160-3074**

652664



DO NOT WRITE IN THIS SPACE

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 Applied For
59-1814441 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAGUARDIA, CATHERINE
3582 NE 171ST STREET
N. MIAMI BEACH FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEF 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

TITLE	PO	<input type="checkbox"/> Delete
NAME	MARTIN, ALEIDA	
STREET ADDRESS	3582 N.E. 171 ST. APT. 303	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARMOUZE, PEDRO	
STREET ADDRESS	3582 N.E. 171 ST. APT 303	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LA GUARDIA, CATHERINE	
STREET ADDRESS	3582 NE 171ST ST. #201	
CITY-ST-ZIP	N. MAIMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, EVELYN	
STREET ADDRESS	3582 NE 171 STR #301	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine La Guardia* **CATHERINE LA GUARDIA** Date: **4/25/00** Daytime Phone #: **305-931-5643**

CR2E037 (9/99)