

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90001 038 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # 727533**  
 1. Entity Name  
**MICHELLE CONDOMINIUM, INC.**

Principal Place of Business 3582 NE 171 STREET N. MIAMI BEACH FL 33160	Mailing Address 3582 NE 171 STREET N. MIAMI BEACH FL 33160
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1814441</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 **Odalys A. Carmouze**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3582 NE 171st**  
**N. Miami Beach**  
 City **FL** Zip Code **33160**

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]* **Odalys A. Carmouze Sect/Treasurer 3/17/01**  
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	
TITLE NAME PD MARTIN, ALEIDA STREET ADDRESS 3582 N.E. 171 ST. APT. 303 CITY-ST-ZIP N. MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME VPD CARMOUZE, PEDRO STREET ADDRESS 3582 N.E. 171 ST. APT 303 CITY-ST-ZIP N. MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME ST LA GUARDIA, CATHERINE STREET ADDRESS 3582 NE 171ST ST. #201 CITY-ST-ZIP N. MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME D GEORGE, EVELYN STREET ADDRESS 3582 NE 171 STR #301 CITY-ST-ZIP N. MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME President TERESA Vasquez STREET ADDRESS Same address CITY-ST-ZIP Apt. 304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Vice President Aleida Martin STREET ADDRESS Apt 303 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Secretary / Treasurer Odalys Carmouze STREET ADDRESS Apt. 204 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **Odalys A. Carmouze 3/17/01 (305) 947-3882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)