


2004 **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 045 ****70.00

DOCUMENT # 727533

1. Entity Name
MICHELLE CONDOMINIUM, INC.



Principal Place of Business Mailing Address

**3582 NE 171 STREET
N. MIAMI BEACH FL 33160** **3582 NE 171 STREET
N. MIAMI BEACH FL 33160**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1814441** Applied For _____
Not Applicable

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

CARMOUZE, ODALYS
3582 NE-171ST-STREET
N. MIAMI BEACH FL 33160

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input type="checkbox"/> Delete	NAME VASQUEZ, TERESA	TITLE President <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3582 NE 171 ST APT 304	CITY-ST-ZIP N. MIAMI BEACH FL 33160	NAME Phyllis McLaney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD <input checked="" type="checkbox"/> Delete	NAME TORRES, CONSUELO	STREET ADDRESS Apt #207 3582 NE 171st	
STREET ADDRESS 3582 NE 171 ST APT #101	CITY-ST-ZIP N. MIAMI BEACH FL 33160	CITY-ST-ZIP NMB, FL 33160	
TITLE ST <input type="checkbox"/> Delete	NAME CARMOUZE, ODALYS	TITLE Secretary / Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3852 NE 171 ST #204	CITY-ST-ZIP N. MIAMI BEACH FL 33160	NAME Evelyn George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete	NAME BRINKLEY, HILDA	STREET ADDRESS 3582 NE 171st	
STREET ADDRESS 3582 NE 171 STR APT 203	CITY-ST-ZIP N. MIAMI BEACH FL 33160	CITY-ST-ZIP NMB, FL 33160	
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____	NAME _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	

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]* **Signature Required** **Odalys A. Carmouze** 5/1/04 305-947-3882

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)