


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-19-2003 90001 017 \*\*\*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**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Glazer + Associates**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1900 East Hallandale Beach Blvd.**  
**gfh floor**  
 City **Hallandale**      FL      Zip Code **33009**

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]* **Secretary/Treasurer Board**      **9/13/03**  
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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>VASQUEZ, TERESA</b>	
STREET ADDRESS	<b>3582 NE 171 ST APT 304</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>TORRES, CONSUELO</b>	
STREET ADDRESS	<b>3582 NE 171 ST APT #101</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	<b>CARMOUZE, ODALYS</b>	
STREET ADDRESS	<b>3852 NE 171 ST #204</b>	
CITY-ST-ZIP	<b>N. MAIMI BEACH FL 33160</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>BRINKLEY, HILDA</b>	
STREET ADDRESS	<b>3582 NE 171 STR APT 203</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	
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 checked="" type="checkbox"/> Addition
NAME	<b>Phyllis Melaney</b>	
STREET ADDRESS	<b>3582 NE 171st #207</b>	
CITY-ST-ZIP	<b>NMB FL 33160</b>	<b>Vice President</b>
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Evelyn George</b>	
STREET ADDRESS	<b>3582 NE 171st #301</b>	
CITY-ST-ZIP	<b>NMB, FL 33160</b>	<b>Director</b>
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)(l), 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**      **9/16/03**  
REQUISITE

CR2E037 (4/03)