

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90067 024 \*\*\*\*75.00

**DOCUMENT # 727546**

1. Entity Name

**326 OCEAN DRIVE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**326 OCEAN DRIVE  
 SUITE 1  
 MIAMI BEACH FL 33139**

**326 OCEAN DRIVE  
 SUITE 1  
 MIAMI BEACH FL 33139-6921**

2. Principal Place of Business

**326 ocean DR. MIAMI BEACH**

3. Mailing Address

**326 OCEAN DR. 33139-6921**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1**

**1**

City & State

**MIAMI BEACH**

City & State

**MIAMI BEACH**

4. FEI Number

**65-0017066**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **33139**

Country **DADE**

Zip **33139**

Country **DADE**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAFT ROBERT  
 326 OCEAN DR.  
 # 1  
 MIAMI BEACH FL 33139**

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 Fund 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DS KRAFT, ROBERT 326 OCEAN DR. # 1 MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CARR, HELEN 1599 I FIELD RD MISSISSAUGA, ON.</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP WARSAWSKI, DANUTA 31 HALIBURTON AVE ETOBICOKE, ON. M9B -4Y5</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS ROZYCKI, MARIAN 3 TOWERING HTS BLV APT 807 ST CATHARINS, ON. L2T -4A4</b>	<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

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
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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:** *HELEN CARR*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 10 - 2000 305-531-7283**  
 Date Daytime Phone #