

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90221 045 ****70.00

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

00025006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

326 Ocean Drive
 Suite, Apt. #, etc. *# 1*

326 Ocean Dr
 Suite, Apt. #, etc. *# 1*

City & State
MIAMI BEACH FL

City & State
MAMI BEACH FL

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

Zip
33139

Country

Zip
33139

Country

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

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 *HELEN CARR* *[Signature]* *Jan 14 2002*
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	DS KRAFT, ROBERT 326 OCEAN DR. # 1 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARR, HELEN 1599 IFIELD RD MISSISSAUGA, ON.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WARSAWSKI, DANUTA 31 HALIBURTON AVE ETOBICOKE, ON. M9B -4Y5	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROZYCKI, MARIAN 3 TOWERING HTS BLV APT 807 ST CATHARINS, ON. L2T -4A4	<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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)