

DOCUMENT # 738880

1. Entity Name

BRISAS DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7705 ABBOTT AVENUE
MIAMI BEACH FL 331417705 ABBOTT AVENUE
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0032169

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

Name

BELLO, RODOLFO O
7705 ABBOT AVE
#304
MIAMI BEACH FL 33141

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, VICENTE | |
| STREET ADDRESS | 7705 ABBOTT AVE., APT 408 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |

| | | |
|----------------|------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BELLO, RODOLFO O | |
| STREET ADDRESS | 7705 ABBOTT AVE #304 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |

| | | |
|----------------|------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | BENITEE, MAGI | |
| STREET ADDRESS | 7705 ABBOTT AVE #206 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |

| | | |
|----------------|-----------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORRECT NAME IS | |
| STREET ADDRESS | SAME | |
| CITY-ST-ZIP | BENITEZ, MAGUI | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MYERS, MINNA | |
| STREET ADDRESS | 7705 ABBOTT AVE. APT 303 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |

| | | |
|----------------|------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIED | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MADRID, CESAR | |
| STREET ADDRESS | 7705 ABBOTT AVE #308 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |

| | | |
|----------------|------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

~~SIGNATURE OF RODOLFO O. BELLO~~ President 1/9/2001 305-867-3227

1/17/

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-17-2001 90001 050 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)