

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90230 014 ****61.25

DOCUMENT # 746440

1. Entity Name

THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1621 COLLINS AVE
MIAMI BEACH FL 33139****1621 COLLINS AVE
MIAMI BEACH FL 33139**2. Principal Place of Business
Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2059160

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DE LA CAMARA, ROSA
WATERFORD CENTER PARK, 5201 BLUE LAGOON DR
SUITE 100
MIAMI FL 33126**

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 \$61.259. 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 **PD** ☐ Delete
NAME **ALONSO, LUIS**
STREET ADDRESS **1623 COLLINS AVE #516**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **PD** ☒ Change ☐ Addition
NAME **Patricia Nazar**
STREET ADDRESS **1621 Collins Avenue #307**
CITY-ST-ZIP **Miami BEach, FL 33139**TITLE **VD** ☐ Delete
NAME **FRENANDEZ, MARIA L**
STREET ADDRESS **1623 COLLINS AVE #1008**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **VD** ☒ Change ☐ Addition
NAME **Jorge Pola**
STREET ADDRESS **6600 S.W. 51 Terrace**
CITY-ST-ZIP **Miami, FL 33165**TITLE **SD** ☐ Delete
NAME **ESPINOSA, MARIA**
STREET ADDRESS **1623 COLLINS AVE #820**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **SD** ☒ Change ☐ Addition
NAME **Luciano Miranda**
STREET ADDRESS **2105 S.W. 98 Avenue**
CITY-ST-ZIP **Miami, FL 33165**TITLE **TD** ☐ Delete
NAME **NAZAR, PATRICIA**
STREET ADDRESS **1623 COLLINS AVE #307**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **TD** ☒ Change ☐ Addition
NAME **Juan Rodriguez**
STREET ADDRESS **1621 Collins Avenue #906**
CITY-ST-ZIP **Miami Beach, FL 33139**TITLE **D** ☐ Delete
NAME **MARRERO, RAMON**
STREET ADDRESS **1623 COLLINS AVE #612**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **D** ☒ Change ☐ Addition
NAME **Nancy El Amir**
STREET ADDRESS **1623 Collins Avenue #915**
CITY-ST-ZIP **Miami Beach, FL 33139**TITLE **SD** ☐ Delete
NAME **RODRIGUEZ, JUAN**
STREET ADDRESS **1623 COLLINS AVE #906**
CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE **D** ☒ Change ☐ Addition
NAME **Andres Candela**
STREET ADDRESS **42 Bay Heights DR**
CITY-ST-ZIP **Miami, FL 33133**

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 REQUIRED** Patricia Nazar

February 18, 2002 (305)672-6835

CR2E037 (9/01)