

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747627**

1. Entity Name

1155 BUILDING CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90092 030 ****61.25

Principal Place of Business	Mailing Address
% NORMAN SHAPIRO 1155 98TH STREET APT 1 BAY HARBOR ISLAND FL 33154	% NORMAN SHAPIRO 1155 98TH STREET APT 1 BAY HARBOR ISLAND FL 33154-1769



DO NOT WRITE IN THIS SPACE

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	Applied For
59-2349205	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

WOLLAND, FRANK ESQ
12865 W DIXIE HWY
N. MIAMI FL 33160

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAPIRO, TILLIE	
STREET ADDRESS	1155 98TH ST	
CITY-ST-ZIP	BAY HARBOR ISL FL 30154	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHAPIRO, NORMAN	
STREET ADDRESS	1155 98TH ST	
CITY-ST-ZIP	BAY HARBOR ISL FL 30154	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITRANI, JERI	
STREET ADDRESS	1155 98TH ST.	
CITY-ST-ZIP	BAY HARBOR ISL FL 30154	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMBINSKI, RITA	
STREET ADDRESS	1155 98 ST.	
CITY-ST-ZIP	BAY HARBOR ISL FL 30154	
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 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		
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: *Norman Shapiro* **REQUIRED** 3/6/00 305-865-5983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)