

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0041062

DOCUMENT # 747627

1. Entity Name

1155 BUILDING CONDOMINIUM ASSOCIATION, INC.

02-19-2001 90004 050 ****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**

00021652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2349205

Applied For
 Not Applicable

Zip

Country

Zip

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Secy* **NORMAN SHAPIRO** *2/19/01 305/865-5983*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)