

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90098 034 ****61.25

DOCUMENT # 748535

1. Entity Name

SPANISH TRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10766 N KENDALL DR
 MIAMI FL 33176

Mailing Address

10766 N KENDALL DR
 MIAMI FL 33176

60636



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

59-1943668

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

BECKER & POLIAKOFF, P.A.
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 \$61.25

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 **TD** Delete
 NAME **BURSTEIN, OSCAR**
 STREET ADDRESS **1401 SW 85 CT**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **President (Director)** Change Addition
 NAME **Caroline Haleby**
 STREET ADDRESS **10768 N Kendall Dr., #H-9**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **D** Delete
 NAME **FORBES, JOHN**
 STREET ADDRESS **3310 PONCE DE LEON BLVD #200**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Vice President (Director)** Change Addition
 NAME **Lazaro Oliva**
 STREET ADDRESS **10756 N Kendall Dr. #J-6**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **PD** Delete
 NAME **SCHLEEF, RANDY**
 STREET ADDRESS **10826 SW 88 ST #T14**
 CITY-ST-ZIP **MIAMI FL**

TITLE **Treasurer (Director)** Change Addition
 NAME **Oscar Burstein**
 STREET ADDRESS **1401 SW 85 Ct**
 CITY-ST-ZIP **Miami, FL 33144**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change 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 REQUIRED **Caroline Haleby**

11/10/01

305-271-0334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)