

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90378 020 ****61.25

DOCUMENT # 748739

1. Entity Name

5825 CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5825 COLLINS AVENUE
 MIAMI BCH FL 33140
 US**

**5825 COLLINS AVENUE
 MIAMI BCH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2022749

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

**BECKER & POLIAKOFF
 5201 BLUE LAGOON DR STE 100
 ATTN: TONY KALICHE
 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	P	<input checked="" type="checkbox"/> Delete
NAME	KUTELL, MICHAEL	
STREET ADDRESS	5825 COLLINS 11-F	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONAZLEZ, ALFREDO J	
STREET ADDRESS	5825 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> Delete
NAME	VUELTA, XIOMARA	
STREET ADDRESS	5825 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRIER, ROBERT	
STREET ADDRESS	5825 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONAHUE, ROGER	
STREET ADDRESS	5825 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	KECK, MICHAEL	
STREET ADDRESS	5825 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Nichols	
STREET ADDRESS	5825 Collins Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingrid Raad-Cohen	
STREET ADDRESS	5825 Collins Ave	
CITY-ST-ZIP	Miami Bch, FL 33140	
TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gustavo Bengochea	
STREET ADDRESS	5825 Collins Ave	
CITY-ST-ZIP	Miami Bch FL 33140	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alicia Becera	
STREET ADDRESS	5825 Collins Ave	
CITY-ST-ZIP	Miami Bch FL 33140	
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:

[Handwritten Signature]

CR2E037 (9/01)