

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90026 031 \*\*\*\*61.25

**DOCUMENT # 751019**

1. Entity Name

**BEN-MOL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7325-7327 BYRON AVE.  
 MIAMI BCH FL 33141  
 US

7327 BYRON AVENUE  
 MIAMI BCH FL 33141-2646  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0666997**

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

**DE LA PAZ, FELIPE**  
**7325 BYRON AVE., APT 2**  
**MIAMI BEACH FL 33141**

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 **PD**  Delete  
 NAME **DE LA PAZ, MELIDA**  
 STREET ADDRESS **7325 BYRON AVE. #2**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **PD.**  Change  Addition  
 NAME **MELIDA DE LA PAZ**  
 STREET ADDRESS **7325 BYRON AVE #2**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **TD**  Delete  
 NAME **DE LA PAZ, FELIPE**  
 STREET ADDRESS **7325 BYRON AVE #2**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **TD.**  Change  Addition  
 NAME **FELIPE DE LA PAZ**  
 STREET ADDRESS **7325 BYRON AVE #2**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD**  Delete  
 NAME **URIBE, CONSUELO**  
 STREET ADDRESS **7327 BYRON AVE #3**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD**  Change  Addition  
 NAME **CONSUELO URIBE**  
 STREET ADDRESS **7327 BYRON AVE #3**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*CONSUELO URIBE 2/19/00 305.864.3446*

CR2E037 (9/99)