2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 751231 1. Entity Name						Secretary of State 07-26-2001 90006 012 ****70.00			
•	į	ENS CONDOMINIUM	ASSOCIATION, INC.	((W))	07-26-2001 9	90006 012 ***	*70.00
Principal Plac	e of Busines	3	Mailing Address	• ,					
1673 BAY RD	_								
APT 501 Miami Beach US	H FL 33139		APT 501 MIAM) BEACH FL 33139 US			 		P ALEKT EVALL BEARE EVALU	
2. Principal P	1	ess V RD.	3. Mailing Address 305 ALCA	ZAR A	,)c)	### ##################################
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	. <u> </u>	UL.		DO NOT WRITE IN	THIS SPACE	
スロリ City & Stat		**	City & State			4. FEI Number		Af	oplied For
MIAL			CORAL CADI				59-2027624		ot Applicable
^{Zip} 33		Country U.S.	33134	Country S.		5. Certificate of St		\$8.75 Add	
.	6. Name	and Address of Current R	legistered Agent			7. Name and Add	<u> - با </u>	itered Agen1	
						P.O. Box Number is Not Acceptable)			
1673 BAY RD						BAY Rd. APT# 204			
Ciby								FL Z33	le C
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.									27
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SIGNATURE.		muy Dave	they HEND	RY BAR	1das	es Presh	Test	7 20/C	<u>) </u>
	Signature, typed	or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signer	inte tedrated	whan rainstating)	<u> </u>		
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees	,	Check Payable artment of State	
10.	;	OFFICERS AND DIRE	ECTORS	11.	A	ADDITIONS/CHANG	ES TO OFFICERS A	IND DIRECTORS IN	
TITLE NAME	DVP CRUZ, P	ATRICIA	Deteta	TITLE Name				☐ Change	☐ Addition
STREET ADDRESS	1673 BA	Y ROAD, #206		STREET ADDRESS	İ		ı		
CITY-ST-ZIP	MIAMI BI	EACH FL 33139	☐ Delete	CITY-ST-ZIP	PRI	ESIDENTA	meler	Change	☐ Addition
TITLE NAME	BARRAB	ES, HENRY	ÇI Deleta	NAME .	BAG	RRABES H	EWRY		
STREET AODRESS CITY-ST-ZIP		y road, #204 Each fl 33139		STREET ADDRESS CITY-ST-ZIP	141	3 BAY RD H AMI BENCH	1.404	٩	1
TITLE.	_DD		Oalete ·	TRILE		VELHUADA	meeler	Change_	Addition
NAME STREET ADDRESS		BARRABES Y ROAD #202		NAME STREET ADDRESS	1642	AA-BARRAD BAYRD ¥	202		
CITY-ST-ZIP		EACH FL 33139	·	CITY-ST-ZIP	MIY	MAI BENCH	FL 3313		
TITLE NAME	PD JONES.	SAMUEL T	Delete	TITLE NAME				☐ Change	☐ Addition /
STREET ADDRESS	1873 BA	Y RD #501		STREET ADDRESS			_		
CITY-ST-ZIP	TD T	EACH FL 33139	☐ Delete	CITY-ST-ZIP	VICE	PRESIDENT	1 Directi	Change	☐ Addition
NAME		GEORGE	<u> </u>	NAME AVECTA ADROPCES	HEW	NER, GEORG SE 3RD AV	E	•	
STREET ADDRESS CITY-ST-ZIP		3RD AVE LUDERDALE FL 33316		STREET ADDRESS CITY-ST-ZIP		. PE SED Y		316	
TITLE	i		☐ Delete	TITLE]			☐ Change	Addition
NAME STREET ADDRESS]			NAME STREET ADDRESS	<u> </u>		•		Ì
CITY-ST-ZIP	L			CITY-ST-ZIP	L				
indicated of the cor	l on this repor	t or supplemental report is t ne receiver or trustee empor	this filing does not qualify for t true and accurate and that my vered to execute this report a	v sionatura shall f	lave the s	ama legal effect as i	i made undet oam:	that I am an onicer	or arrector 1
of the corporation or the noceiver 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 their like empowered. SIGNATURE: Continued by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter of the corporation or the noceiver or trustee empowered by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter of the corporation or the noceiver or trustee empowered by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter of the corporation or the noceiver or trustee empowered by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter of the									
SIGNAT	UKE:!	C	INTED NAME OF SIGNING OFFICER O			<u> </u>	-10.	Daytime Phone #	10.1