

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90070 050 \*\*\*\*70.00

**DOCUMENT # 754605**

1. Entity Name

**ABBOTT GARDENS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

8101 BYRON AVE  
 ASSOCIATION BOX  
 MIAMI BEACH FL 33414-3314

C/O L.M. QUALITY MGMT.  
 P.O. BOX 440915  
 MIAMI FL 33144

**DUU33601**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**8101 BYRON AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2369502**

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

**NUNEZ, LUZMARY**  
**8101 BYRON AVE**  
**ASSOCIATION BOX**  
**MIAMI BEACH FL 33414-3314**

Name **LUZMARY NUNEZ**

Street Address (P.O. Box Number is Not Acceptable) **8101 BYRON AVE #405**

City **MIAMI BEACH** FL Zip Code **33141**

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

**LUZMARY NUNEZ**

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/9/02**

**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 checked="" type="checkbox"/> Delete
NAME	LOPEZ, SUSANA	
STREET ADDRESS	8101 BYRON AVE., APT 312	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COLLADO, RAQUEL	
STREET ADDRESS	8101 BYRON AVE 512	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ROGELIO	
STREET ADDRESS	8101 BYRON AVE 412	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RIERA, ROMAN	
STREET ADDRESS	8101 BYRON AVE 212	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUNDWALD, R Z	
STREET ADDRESS	8101 BYRON AVE 209	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAQUEL COLLADO	
STREET ADDRESS	8101 BYRON AVE. # 412	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	UPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramon Riera	
STREET ADDRESS	8101 BYRON AVE # 212	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogelio Rodriguez	
STREET ADDRESS	8101 BYRON AVE #514	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nereida mendez	
STREET ADDRESS	8101 BYRON AVE # 512	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URI ROZEN	
STREET ADDRESS	8101 BYRON AVE # 307	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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:

**Ramon Riera**

**2/9/02**

**305 864 4664**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (9/01)