

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0027891

**DOCUMENT # 758370**

1. Entity Name

**TAMIAIR PARK CONDOMINIUM NO. 1 CONDOMINIUM ASSOCIATION, INC.**

04-01-2002 90624 044 \*\*\*\*61.25

Principal Place of Business <b>13824 SOUTHWEST 142 AVENUE MIAMI FL 33186 US</b>	Mailing Address <b>13840 SW 142 AVE MIAMI FL 33186 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2128870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VILLA, MARIANELLA**  
**13840 SW 142 AVENUE**  
**MIAMI FL 33186**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MCKAY, CHARLES</b>	
STREET ADDRESS <b>9245 S.W. 157 ST. #103</b>	
CITY-ST-ZIP <b>MIAMI FL 33157</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>VILLA, MARIANELA</b>	
STREET ADDRESS <b>13838 SOUTHWEST 142 AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>VILLA, JORGE</b>	
STREET ADDRESS <b>13836 SW 142 AVE</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MAGGIO, FRED</b>	
STREET ADDRESS <b>14918 SW 132AV</b>	
CITY-ST-ZIP <b>MIAMI, FL 33186</b>	
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	
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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02 (305) 233-6699**  
 Date Daytime Phone #

CR2E037 (9/01)