

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90222 011 ****70.00

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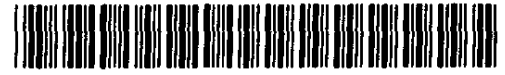
1. Entity Name
CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**% COURTESY PROPERTY
13250 SW 135 AVE
MIAMI FL 33186
US**

Mailing Address
**% COURTESY PROPERTY
13250 SW 135 AVE
MIAMI FL 33186
US**

30007630



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2205863**

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

**SKRLD
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STACHL, JOHN L	
STREET ADDRESS	2557 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESTOR, MIRANDA	
STREET ADDRESS	2533 N.W. 74 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DELRIO PEREZ, LAURA	
STREET ADDRESS	2585 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KWEICK, PETER	
STREET ADDRESS	2577 N.W. 74 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICININI, ANGELA	
STREET ADDRESS	2573 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANTTI, MYRA	
STREET ADDRESS	2541 NW 74 AVE	
CITY-ST-ZIP	MIAMI FL 33122	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stachl, John	
STREET ADDRESS	2525 NW 74th Avenue	
CITY-ST-ZIP	Miami, FL 33122	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kmeick, Peter	
STREET ADDRESS	2577 NW 74th Avenue	
CITY-ST-ZIP	Miami, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santti, Mayra	
STREET ADDRESS	2541 NW 74th Avenue	
CITY-ST-ZIP	Miami, FL 33122	

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:

SKRLE PEREZ LAURA DELRIO PEREZ JOHN STACHL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 15 / 03 (305) 725-7034.

Date

Daytime Phone #

CR2E037 (10/02)