

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

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

04-23-2003 90069 042 ****61.25

DOCUMENT # 764894

1. Entity Name
OLSEN HOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**7300 OCEAN TERRACE
MIAMI BEACH FL 33141**

Mailing Address

**4865 NW 4 STREET
MIAMI FL 33126-2121**

11007459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2420768**

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

**QUINTERO, ALFREDO
4865 NW 4 STREET
MIAMI FL 33126-2121**

Name **Roberts management Co., Inc**

Street Address (P.O. Box Number is Not Acceptable)
1840 NE 153 ST

City **No. Miami Beh**

FL

Zip Code **33162**

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 **Merrill Spwak**

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 **PDST** ☐ Delete
NAME **QUINTERO, ALFREDO**
STREET ADDRESS **4865 NW 4 STREET**
CITY-ST-ZIP **MIAMI FL 33126-2121**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **CRAYTON, GARY L**
STREET ADDRESS **301 N BEAURE GARD ST #107**
CITY-ST-ZIP **ALEXANDRIA VA 22312-2908**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WALKER, DOUG**
STREET ADDRESS **7300 OCEAN TERRACE #310**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

12 Jan 2003 305-445-7923

CR2E037 (10/02)