

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0038601

DOCUMENT # N00000002994

1. Entity Name

3119/3121 JACKSON AVE CONDO ASSOCIATION, INC.

01-30-2001 90168 008 ****61.25

Principal Place of Business

Mailing Address

**3119 JACKSON AVE.
 MIAMI FL 33133**

**3119 JACKSON AVE.
 MIAMI FL 33133**

012099



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**HOUGHTON, DOUGLAS
 3119 JACKSON AVE.
 MIAMI FL 33133**

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 _____ DATE _____

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
D HOUGHTON, DOUGLAS
 STREET ADDRESS **3119 JACKSON AVE.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE NAME Change Addition
Darragh Rooney
 Director
 STREET ADDRESS **3121 Jackson Ave**
 CITY-ST-ZIP **Miami FL 33133**

TITLE NAME Delete
D GRIFFIN, HOPE M
 STREET ADDRESS **3121 JACKSON AVE.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE NAME Change Addition

TITLE NAME Delete
D AVILA, GIL JR.
 STREET ADDRESS **3119 JACKSON AVE.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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

1/4/01

Date

Daytime Phone #

305-476-0703

CR2E037 (10/00)