

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/01

FILED
May 24, 2001 8:00 am
Secretary of State

03-02-2001 90035 030 ****70.00

DOCUMENT # N00000003575

1. Entity Name

1610 RIVER PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

STE. 700, 1 NE 1 ST
 MIAMI FL 33132

Mailing Address

STE. 700, 1 NE 1 ST
 MIAMI FL 33132

2. Principal Place of Business

13132 W. Dixie Hwy.

Suite, Apt. #, etc.

3. Mailing Address

13132 W. Dixie Hwy.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

4. FEI Number

65-1099712

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

33161

Country

Dade

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSEN, PAUL
 STE. 700, 1 NE 1 ST
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13132 W. Dixie Hwy.

City

North Miami

FL

Zip Code

33161

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.

(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	DP	<input type="checkbox"/> Delete
NAME	ROSEN, PAUL	
STREET ADDRESS	STE. 700, 1 NE 1 ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROSEN, JUDITH	
STREET ADDRESS	STE. 700, 1 NE 1 ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLUE, BEATRIZ	
STREET ADDRESS	STE. 700, 1 NE 1 ST	
CITY-ST-ZIP	MIAMI FL 33132	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13132 W. Dixie Hwy.	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13132 W. Dixie Hwy.	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13132 W. Dixie Hwy.	
CITY-ST-ZIP	North Miami, FL 33161	
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 addendum, with all other like empowered.

SIGNATURE:

Paul Rosen

2/28/01

305-981-0311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)