

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007249

1. Entity Name

CENTER COCOANUT GROVE CONDOMINIUM ASSOCIATION, I

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90458 011 ****61.25

Principal Place of Business

2761 W. TRADE AVE.
COCONUT GROVE FL 33133

Mailing Address

2761 W. TRADE AVE.
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1093872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, PETER
2761 W. TRADE AVE.
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

Michael A. Luis

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

2761 West Trade Avenue

City

Coconut Grove

FL

Zip Code

33133

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUIS, MICHAEL A
2761 W. TRADE AVE.
COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICALI, JOHN S
13301 SW 124TH STREET
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DURET, JEAN L
13301 SW 124TH STREET
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ 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

Michael A. Luis, President

4/17/01

3054461929

Date

Daytime Phone #

CR2E037 (10/00)