

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90335 026 ****61.25

DOCUMENT # N00000007249

1. Entity Name

**CENTER COCOANUT GROVE CONDOMINIUM ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

**2761 W. TRADE AVE.
COCONUT GROVE FL 33133****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

7. Name and Address of New Registered Agent

**LUIS, MICHAEL A
2761 W. TRADE AVE.
COCONUT GROVE 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, both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent)

DATE

FILE NOW: FEE IS \$61.259. 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
LUIS, MICHAEL A
2761 W. TRADE AVE.
COCONUT GROVE FL 33133**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
MICALI, JOHN S
13301 SW 124TH STREET
MIAMI FL 33186**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
DURET, JEAN L
13301 SW 124TH STREET
MIAMI FL 33186**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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CITY-ST-ZIP☐ DeleteTITLE
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STREET ADDRESS
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CITY-ST-ZIPTITLE
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STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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 REQUIRED**A. Luis pro 4/4/02 3954461929**

Date

Daytime Phone #

CR2E037 (9/01)