

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006708

FILED
Sep 09, 2003
Secretary of State

Entity Name: 631 EUCLID AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

631 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

631 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVANO, DAVID J
631 EUCLID AVENUE
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CALVANO, DAVID J
Address: 1122 N. LASALLE STREET
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: ROMBOLI, TODD
Address: 1122 N. LASALLE STREET
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: REAGAN, EDWARD
Address: 1122 N. LASALLE STREET
City-St-Zip: CHICAGO, IL 60610

Title: D () Delete
Name: CALVANO, DAVID J
Address: 1122 N. LASALLE STREET
City-St-Zip: CHICAGO, IL 60610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RAURELL, CARLOS
Address: 631 EUCLID AVE. #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS RAURELL

P

09/09/2003

Electronic Signature of Signing Officer or Director

_____ Date