

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03678

1. Entity Name

1 TAMiami CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SW 144 AVE RD  
MIAMI FL 33186  
US

13800 SW 144 AVE RD  
MIAMI FL 33186  
US

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

65-0010910

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

STEPHEN, SUITS  
C/O LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD  
MIAMI FL 33186

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

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 PD  
NAME RAUSCH, KARL  
STREET ADDRESS 13807 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE Director  
NAME Zavala, Martha  
STREET ADDRESS 13877 SW 142 Ave  
CITY-ST-ZIP Miami, FL 33186

☐ Change ☒ Addition

TITLE VP  
NAME CHIRINOS, MARK  
STREET ADDRESS 13825 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SAVALA, JOSE  
STREET ADDRESS 13807 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME CASTILLO, YAMIL  
STREET ADDRESS 13833 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME IQBAL, MOHAMMED  
STREET ADDRESS 13837 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME HINDE, STUART  
STREET ADDRESS 13831 SW 142 AVE  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90003 004 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)