

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90022 041 \*\*\*\*61.25

**DOCUMENT # N10756**

1. Entity Name

**CONDOMINIUM "F" ASSOCIATION AT MEDITERRANEA, INC**

Principal Place of Business

Mailing Address

**341-1 IVES DAIRY RD.  
 NORTH MIAMI BEACH FL 33179  
 US**

**341-1 IVES DAIRY RD.  
 NORTH MIAMI BEACH FL 33179-3353  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2579854**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARNOLD, COLEMAN  
 341-1 IVES DAIRY RD.  
 NORTH MIAMI BEACH FL 33179**

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-3/2000*

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	COLEMAN, BARBARA	341-01 IVES DAIRY RD	MIAMI FL				
P	MITCHELL, JOEL B	343-9 IVES DAIRY RD	MIAMI FL				
SD	PARIS, JACK	341-4 IVES DAIRY RD	MIAMI FL				
TD	ARNOLD, COLEMAN	341-1 IVES DAIRY RD.	MIAMI FL 33179				

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-3/2000  
 305-653499*