

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90158 011 ****61.25

DOCUMENT # N12945

1. Entity Name
COMMODORE CENTRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3162 COMMODORE PLAZA
UNIT 3A
MIAMI FL 33133
US**

Mailing Address

**3162 COMMODORE PLAZA
UNIT 3A
MIAMI FL 33133
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
UNIT 3A/B

Suite, Apt. #, etc.
UNIT 3A/B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0028785**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JIMENEZ, ROSE G.
3162 COMMODORE PLAZA UNIT 3A
MIAMI FL 33133**

Name

Street Address (P.O. Box Number is Not Acceptable)
UNIT 3A/B

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERDIGAO, MARCIO	
STREET ADDRESS	3162 COMMODORE PLAZA UNIT 3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLAVERIAS, JULIO	
STREET ADDRESS	3162 COMMODORE PLAZA UNIT 3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JIMENEZ, ROSE	
STREET ADDRESS	3162 COMMODORE PLAZA UNIT 3A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNIT 3A/B	
STREET ADDRESS	UNIT 3A/B	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNIT 3A/B	
STREET ADDRESS	UNIT 3A/B	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNIT 3A/B	
STREET ADDRESS	UNIT 3A/B	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ROSE G. JIMENEZ** 4/22/03 (305) 448-5333

CR2E037 (10/02)