

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

0041679

02-13-2001 90029 042 ****61.25

DOCUMENT # N15530
 1. Entity Name
TAMIAMI COMMERCCENTER CONDOMINIUM I ASSOCIATION,

Principal Place of Business 9245 S.W. 157TH ST., SUITE 101 C/O JAMES R. STOKER MIAMI FL 33157	Mailing Address 9245 S.W. 157TH ST., SUITE 101 C/O JAMES R. STOKER MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOKER, JAMES R.
9245 S.W. 157TH ST.
S-101
MIAMI FL 33157

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES 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

TITLE NAME	PD STOKER, JAMES R.	<input type="checkbox"/> Delete
STREET ADDRESS	9245 SW 157TH ST., S-101	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VD STOKER, CHARLOTTE J.	<input type="checkbox"/> Delete
STREET ADDRESS	9245 SW 157TH ST., S-101	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	STD STOKER, CHARLES A.	<input type="checkbox"/> Delete
STREET ADDRESS	9245 SW 157TH ST., S-101	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Officer Richard L. Stoker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9245 S.W. 157 Street, Suite 101	
CITY-ST-ZIP	Miami, FL. 33157	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Richard L. Stoker **REQUIRED** Richard L. Stoker, Officer 1/31/01 305-232-1363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)