

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90136 033 *****70.00

DOCUMENT # N20896

1. Entity Name

PINECREST COMMERCIAL CENTER CONDOMINIUM ASSOCIAT

Principal Place of Business

13000 S.W. 120TH ST.
 MIAMI FL 33186

Mailing Address

13000 S.W. 120TH ST.
 MIAMI FL 33186

0000000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0024029

Applied For
 Not Applicable

Zip

33186

Country

DADE

Zip

33186

Country

DADE

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

~~FROYO, IVANKA~~
~~13000 S. W. 120 STREET~~
~~MIAMI FL 33186~~

Name CMV Management Co
 Street Address (P.O. Box Number is Not Acceptable)
PINECREST Commercial Center
10934 SW 146 PL
 City Miami FL Zip Code 33186

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.

CARMEN VARGAS

(NOTE: Registered Agent signature required when reinstating)

3/1/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, JULIO 12315 SW 132 CT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUTTON, GLENN 12309 SW 132 CT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROYO, IVANKA 13000 SW 120 ST MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, ROSE 13000 SW 120 ST MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, LEE 12325 SW 132 CT MIAMI FL 33186	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JULIO 12315 SW 132 CT MIAMI FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, LEE 12325 SW 132 CT MIAMI FL 33186	☒ Change ☐ Addition
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 no 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee Goldstein 3/1/01 305-387-6267

CR2E037 (10/00)