




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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90154 032 \*\*\*\*61.25

<b>DOCUMENT # N26853</b>			
<b>1. Entity Name</b> THE 300 BUILDING CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 300 SW 107 AVENUE MIAMI FL 33174		<b>Mailing Address</b> 400 SW 107 AVENUE 312 MIAMI FL 33174	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MARTINEZ, ERNESTO 300 SW 107 AVENUE MIAMI FL 33174		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
<b>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.</b>			
SIGNATURE 		DATE 3/28/03	
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		Ernesto Martinez	
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JESUS	NAME	
STREET ADDRESS	300 SW 107 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ERNESTO	NAME	
STREET ADDRESS	300 SW 107 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALATAYUD, ANTONIO	NAME	Jorge Layte S/D
STREET ADDRESS	300 SW 107 AVENUE	STREET ADDRESS	300 S.W. 107 Ave #107
CITY-ST-ZIP	MIAMI FL 33174	CITY-ST-ZIP	Miami, FL 33174
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>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.</b>			
SIGNATURE: 		Date 3/28/03 305-2207961	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ernesto Martinez		Daytime Phone #	

CR2E037 (10/02)