

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90038 016 \*\*\*\*61.25

**DOCUMENT # N39031**

1. Entity Name

**1218 DREXEL CONDOMINIUM ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1218 DREXEL AVE.  
 APT 101  
 MIAMI FL 33139  
 US

P.O. BOX 191904  
 MIAMI BEACH FL 33119-1904  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0203001**

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

BACH LENORA M ESQ  
 1130 WASHINGTON AVENUE  
 7TH FLOOR  
 MIAMI BEACH FL 33139

Name **IRIT AVIV**

Street Address (P.O. Box Number is Not Acceptable)  
**1228 West Avenue, #1401**

City **MIAMI BEACH** FL Zip Code **33139**

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 *Irit Aviv, IRIT AVIV, President* 02/05/00

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD BACH, LENORA ESQ**  
 STREET ADDRESS **1130 WASHINGTON AVE 7TH FL**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME **Sec./Dir. Jane Sutton**  
 STREET ADDRESS **1218 Drexel Ave, Unit 207**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Delete  
 NAME **VD GILDERSLEEIE, JAMES**  
 STREET ADDRESS **1218 DREXEL AVENUE UNIT 201**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD ZALK, ERIE**  
 STREET ADDRESS **1218 DREXEL AVE**  
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE  Change  Addition  
 NAME **Treasurer/Director David Barnett**  
 STREET ADDRESS **1218 Drexel Ave, # 208**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Delete  
 NAME **SD IRIT, AVIV**  
 STREET ADDRESS **1228 WEST AVE, #1401**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME **President/Director IRIT AVIV**  
 STREET ADDRESS **1228 West Ave. # 1401**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Delete  
 NAME **TD DE LA TORRE, ARLENE**  
 STREET ADDRESS **1228 WEST AVE, #1401**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME **Director Arlene De la Torre**  
 STREET ADDRESS **1228 West Ave. # 1401**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Irit Aviv* SIGNATURE REQUIRED

02/05/00 305 674-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)