

2000 UNIFORM BUSINESS REPORT (UBR)

3/27/2000 09:11:40 AM

DOCUMENT # N41965

1. Entity Name

1342 DREXEL CONDOMINIUM ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-27-2000 90114 010 ****61.25

Principal Place of Business Mailing Address
1342 DREXEL AVE. **C O ALEZ ORTIZ**
MIAMI BEACH FL 33139 **PO BOX 190764**
US **MIAMI BEACH FL 33119-0764**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1342 DREXEL AVE **C/O ALEX ORTIZ**
Suite, Apt # etc. Suite, Apt. #, etc.
P.O. BOX 190764

City & State City & State
MIAMI BEACH, FL **MIAMI BEACH**
Zip Country
33139 **USA**
FL **MIAMI - DADE**

4. FEI Number Applied For
65-0241926 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SORRELL, DANIEL P
1342 DREXEL AVE
#205
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name
ALEX ORTIZ
Street Address (P.O. Box Number is Not Acceptable)
2210 ALTON RD.
City State Zip Code
MIAMI BEACH **FL** **33140**

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 **3/15/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SORRELL, DANIEL 1342 DREXEL AVE #205 MIAMI BCH, FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INTERKANDI, LISA 1342 DREXEL AVE #305 MIAMI FL 33129 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORENO, GEORGE 1342 DREXEL AVE, #704 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLE, MICHAEL 1342 DREXEL AVE., #208 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, LEAH 1342 DREXEL AVE, #103 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD ALONSO, ROD 1342 DREXEL AVE. MIAMI BEACH, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYLE, MICHAEL 2926 E. 93RD PLANE #2102 TULSA, OK 74137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, LEAH 3714 SW 108RD AVE. MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: DATE: **3/20/2000** DAYTIME PHONE #: **305 213-8656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)