

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45008

1. Entity Name

3143 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O ALEXANDRA S. CALAMAI
3143 DAY AVENUE. #B
COCONUT GROVE FL 33133
US

Mailing Address

C/O CALAMAI, ALEXANDRA, S
3143 DAY AVENUE. #B
COCONUT GROVE FL 33133
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0358659

Applied For

Not Applicable

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

CALAMAI, ALEXANDRA S
3143 DAY AVE.
B
COCONUT GROVE FL 33133

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HADDOCK, BRUCE
3143 DAY AVENUE - #A
COCONUT GROVE FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HARRY HOKANSON
3143 DAY AVE. #A
COCONUT GROVE - FL. 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALAMAI, ALEXANDRA
3143 DAY AVE #B
COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DJABALI, MARIE
2942 BRIDGEPORT AVE #2
COCONUT GROVE FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 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: ALEXANDRA CALAMAI 1/9/2001 305-448-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90153 001 ****31.00

01-31-2001 90153 002 ****30.25

23917



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)