

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90029 034 ****61.25

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1. Entity Name

ATLANTIC PRINCESS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3120 COLLINS AVENUE., APT 714
 MIAMI BEACH FL 33140
 US

Mailing Address

250 S.W. 21ST ROAD
 MIAMI FL 33129
 US

728767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0719095

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

GALIANA MANAGEMENT SERVICES, INC.
 250 S.W. 21ST ROAD
 MIAMI FL 33129

7. Name and Address of New Registered Agent

Name **Certified Property Management**
 Street Address (P.O. Box Number is Not Acceptable)
40 Alberto Cohen
170 Ocean Lane Dr.
 City **Key Biscayne FL** Zip Code **33149**

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

[Handwritten Signature] **Mgt. Agent**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/01

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HOCHSTUHL, LORRAINE M	3120 COLLINS AVENUE., APT 714	MIAMI BEACH FL 33140				
T	HUDAK, MARY	3120 COLLINS AVENUE., APT 612	MIAMI BEACH FL 33140				
VD	BASVALDO, VICTORIA	3120 COLLINS AVENUE., APT 614	MIAMI BEACH FL 33140	VD	Pedro Garcia	351 W. 35 Street	Hialeah, FL 33012-4313

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:

[Handwritten Signature] **RECHHOCHSTUHL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-01 305 870 3799

Date

Daytime Phone #

CF-5037 (10/00)