

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90168 010 \*\*\*\*70.00

619982

**DOCUMENT #** N96000005642 ✓  
**1. Entity Name**  
 Mystic Place Condominium Association, Inc.

**Principal Place of Business**  
 2500 N.W. 97th Ave  
 Suite 200  
 Miami, FL 33172

**Mailing Address**  
 2500 N.W. 97th Ave  
 Suite 200  
 Miami, FL 33172

**2. Principal Place of Business**  
 same as above

**3. Mailing Address**  
 same as above

**City & State**  
 City & State

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**  
 65-0145701

**Applied For**  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name: **Stella Kochovas**

Street Address (P.O. Box Number is Not Acceptable): **955 N.W. 82 Ave, Unit 112**

City: **Miami**      **FL**      Zip Code: **33126**

**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** *Kochovas*      **DATE** 1-23-01

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	<b>Stella Kochovas/ President</b> <input type="checkbox"/> Delete 955 N.W. 82 Ave, Unit 112 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Feyda Dipp/ Treasurer</b> <input type="checkbox"/> Delete 905 N.W. 82 Ave, Unit 216 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Cheryl Gabriel/ Secretary</b> <input type="checkbox"/> Delete 905 N.W. 82 Ave, Unit 218 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gustavo Barretto/V. President</b> <input type="checkbox"/> Delete 955 N.W. 82 Ave, Unit 214 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input 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:** *Kochovas*      **DATE** 1-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (11/00)

Attachments  
# N9600005642

1/09/01 CORPORATE DETAIL RECORD SCREEN 11:31 AM  
NUM: N96000005642 ST:FL ACTIVE/FL NON-PROF FLD: 10/30/1996  
LAST: AMENDMENT FLD: 02/17/1997  
FEI#: 65-0818678  
NAME : MYSTIC PLACE CONDOMINIUM ASSOCIATION, INC.  
PRINCIPAL: C/O SPM GROUP CHANGED: 12/21/00  
ADDRESS 2500 N.W. 97TH AVE., SUITE 200  
MIAMI, FL 33172  
RA NAME : DUGGER, ROBERT A NAME CHG: 02/22/00  
RA ADDR : 5050 NW 74TH AVENUE ADDR CHG: 02/22/00  
MIAMI, FL 33166 US  
ANN REP : (1998) B 03/24/98 (1999) A 03/04/99 (2000) A 02/22/00

NO longer  
RAs

1/09/01 OFFICER/DIRECTOR DETAIL SCREEN 11:32 AM  
CORP NUMBER: N96000005642 CORP NAME: MYSTIC PLACE CONDOMINIUM ASSOCIATION, IN  
TITLE: PD NAME: MCLENDRY, JAMES  
925 NW 82 ARC # 323  
MIAMI, FL 33126  
TITLE: SD NAME: VARGAS, CHRISTINA  
955 NW 85 AVE # 211  
MIAMI, FL 33126  
TITLE: TD NAME: BARNET, ARMANDO  
958 NW 82 AVE # 212  
MIAMI, FL 33126

NO longer  
on the board