

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-05-2002 90189 002 *****8.75
05-05-2002 90189 001 *****61.25

DOCUMENT # 090000005042 ✓
1. Entity Name Mystic Place Condominium Association
c/o Atlas Property Management Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>905 925 955 NW 82 Ave</u> Suite, Apt. #, etc.		3. Mailing Address <u>2655 Le Jeune Road</u> Suite, Apt. #, etc. <u>327</u>	
City & State <u>Miami FL</u>	City & State <u>Coral Gables FL</u>	4. FEI Number <u>05-0818678</u>	Applied For. Not Applicable
Zip <u>33126</u>	Country <u>USA</u>	Zip <u>33134</u>	Country <u>USA</u>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fees Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Atlas Property Management Services
Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road,
Suite 327
City Coral Gables FL Zip Code 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	<u>President</u> <u>Feyda Dipp (D)</u> <u>905 NW 82nd Avenue, Unit 115</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President/Secretary</u> <u>Cheryl Devero (D)</u> <u>905 NW 82nd Ave, Unit 218</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Gustavo Barreto (D)</u> <u>955 NW 82 Avenue, Unit 214</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Magdalena Fleites (D)</u> <u>925 NW 82 Avenue, Unit 211</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Gabriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02 305-445-3344
Date Daytime Phone #