

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

10f2

DOCUMENT # N97000003070

1. Entity Name

30-32 MATILDA ST CONDO ASS. INC

01 NOV -9 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3230 MATILDA ST.
MIAMI, FL. 33133

Mailing Address

3230 MATILDA ST.
MIAMI, FL. 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

05-08044742

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

7. Name and Address of New Registered Agent

MARCO De LA CAL P.A.

999 Ponce De Leon BLVD suite 720
CORAL GABLES, FL. 33134

Name

ROBERT - ROTHBARD

Street Address (P.O. Box Number is Not Acceptable)

3230 MATILDA ST

City

MIAMI

FL

Zip Code

33133

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

Robert Rothbard - ROBERT ROTHBARD Pres.

4/11/01

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

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P DIAZ, Rene ☒ Delete
NAME
STREET ADDRESS 3232 MATILDA ST.
CITY-ST-ZIP MIAMI, FL. 33133

TITLE D/V DIAZ, Graciela ☒ Delete
NAME
STREET ADDRESS 3232 MATILDA ST
CITY-ST-ZIP MIAMI, FL. 33133

TITLE D/ST ARANGO, EDUARDO ☒ Delete
NAME
STREET ADDRESS 3184 MARY ST.
CITY-ST-ZIP MIAMI, FL. 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Pres. Rothbard, Robert ☒ Change ☐ Addition
NAME
STREET ADDRESS D/P 3230 MATILDA ST
CITY-ST-ZIP MIAMI, FL. 33133

TITLE Sec. Rothbard, Holly ☒ Change ☐ Addition
NAME
STREET ADDRESS D/P 3230 MATILDA ST
CITY-ST-ZIP MIAMI, FL. 33133

TITLE V.P. Roberts, Gay ☒ Change ☐ Addition
NAME
STREET ADDRESS D/P 3232 MATILDA ST.
CITY-ST-ZIP MIAMI, FL. 33133

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

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

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

04/25/01 90373017 \$150.00

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 305-4574684