2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90199 015 ****70.00

DOCUMENT # N97000003870

1. Entity Name

30-32 MATILDA STREET CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
3230 MATILDA STREET COCONUT GROVE FL 33133	3230 MATILDA STREET COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

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 65-0804742 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROTHBARD, ROBERT
3230 MATILDA STREET
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name JOHN C. SEIDEL
Street Address (P.O. Box Number is Not Acceptable)
3230 MATILDA STREET
City COCONUT GROVE **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 [signature] APRIL 23, 2002
Signature, typed or printed name of registered agent and title if applicable. JOHN C. SEIDEL (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	DP ROTHBARD, ROBERT 3230 MATILDA STREET COCONUT GROVE FL 33133	☒ Delete	D/P/S/T JOHN C. SEIDEL 3230 MATILDA STREET COCONUT GROVE, FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROTHBARD, HOLLY 3230 MATILDA STREET COCONUT GROVE FL 33133	☒ Delete	D/V CHARLETTE S. SEIDEL 5880 S.W. 117 STREET CORAL GABLES, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ROBERTS, GAY 3232 MATILDA STREET COCONUT GROVE FL 33133	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED APRIL 23, 2002 305-336-1373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #