

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007161

1. Entity Name

SOUTH MIAMI MEDICAL ARTS CENTER CONDOMINIUM ASSO

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

Mailing Address

641 S. MASHTA DR
KEY BISCAYNE FL 33149

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

65-0968834

Applied For

Not Applicable

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

~~COBER CORPORATE AGENTS, INC.~~

~~2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR~~

~~MIAMI FL 33133~~

Name I-EDWARD LONDON

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

50 W MASHTA DR, #2

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

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

(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 PD
STREET ADDRESS LONDON, I. EDWARD
CITY-ST-ZIP ~~2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR~~
~~MIAMI FL 33133~~

☐ Delete

TITLE
NAME VPD
STREET ADDRESS ELSEMAN, JUERGEN
CITY-ST-ZIP 7300 SW 62ND PLACE, 4TH FL
MIAMI FL 33143

☐ Delete

TITLE
NAME TSD
STREET ADDRESS VISOZO, JAVIER M.D
CITY-ST-ZIP 7300 SW 62ND PLACE, 3RD FLOOR
MIAMI FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS 50 W MASHTA DR, #2
CITY-ST-ZIP KEY BISCAYNE FL, 33149

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90002 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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