1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 752772**

1. Corporation Name

ATLANTIS ON BRICKELL CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

O<del>ffo The Continental Gro</del>up 12079 SW 1315T AVENUE MIAMI FL 33166 US Mailing Address

C/O THE CONTINENTAL GROUP 12079 SW 131ST AVENUE MIAMI FL 33186

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## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90111 029 \*\*\*\*61.25

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2. Principal P	lace of Business 25 Prickell A	2a. Mailing Address		3. Date Incorporated or Qualifed 06/03/1980
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For
22 MG	ent office	27		<b>59-2212990</b> Not Applicat
City, & Star	om: FL	City & State		5. Certificate of Status Desired   \$8.75 Additional Fee Required
Zip	Country C	Zip	Country	6. Election Campaign Financing \$5.00 May Be
24 35	31 27 25 USH	29 30		Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	attrea 12 Kubinestell
FLORIDA-	CORPORATE SERVICES INC		82 Street	Address (P.O. Box Number is Not Acceptable)
800-BRICI	KELL-AVENUE-			650 1313 cayne 131Vcl -
#1100	<b></b>		83	V
MIAMI FL	33131		84 City	85 20-69 da 2
		^ <b>\</b>		Niam. FL   5373
11. Pursuant office or ragent. I a	to the provisitiat or Sections 617,050) registered agent, or both, in the State of am familiar with, and accept the obligation	and 617.1508, Florida Statutes, Florida. Such change was authors of Section 617.0503, Florida	the above-named orized by the corporations of	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or crinted same of registered agent a		gistered Agent signature re	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addi
NAME	GERWITZ, JACOB		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Charles The Asset
TITLE	PD	☐ DELETE	2.1 TITLE	<b>∠</b> Addi
NAME	RUBINSTEIN, JEFFREY D.		2.2 NAME	2650 Because Rly 1
STREET ADDRESS	899 BRICKELL AVE., #1100		2.3 STREET ADDRESS	2650 Biscayne Blud. Miami, FL 33137
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	SD	☑ DELETE	31 TITLE	SD
NAME	STARR, GAIL		3.2 NAME	SALUP, MARCELO
STREET ADDRESS	2025-BRICKELL-AVENUE		3.3 STREET ADDRESS	2025 BRICKELL AVENUE #1203
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	MIAMI, FL
TITLE	TD	☐ DELETE	4.1 TITLE	. Change Addi
NAME	ADMAS, RICARDO		4. 2 NAME	
STREET ADDRESS	·		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	DD Change * Add
NAME			5.2 NAME	SPEAR, SUZANNE
STREET ADDRESS			5.3 STREET ADDRESS	2025 BRICKELL AVENUE #303 miami
CITY-ST-ZIP			5.4 CITY-ST-ZIP	, <u> </u>
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
OTT-ST-ZIF				the state of the s

14. I hereby certify that the information supplied with this filing does not healf) for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplied ental annual 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 \$17. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on lar attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 576 1300