

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32145

1. Entity Name

MILAM AIRPORT PARK VI CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172

111 FONTAINEBLEAU BLVD.  
MIAMI FL 33172-4507

2. Principal Place of Business

8299 Coral Way

3. Mailing Address

8299 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0145116

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

RODRIGUEZ, ANA  
7074 NW 50 STREET  
MIAMI FL 33166

Name

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

City

FL

Zip Code

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 PD  
NAME PERLSTEIN, ARNOLD  
STREET ADDRESS 7074 NW 50 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE PD ☒ Change ☐ Addition  
NAME Yidi, William  
STREET ADDRESS 6940 NW 50 ST  
CITY-ST-ZIP Miami, FL 33166

TITLE VD  
NAME YIDI, WILLIAM  
STREET ADDRESS 7074 NW 50 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE VPD ☒ Change ☐ Addition  
NAME Yidi, Andres  
STREET ADDRESS 6940 NW 50 ST  
CITY-ST-ZIP Miami, FL 33166

TITLE ST  
NAME BABCOCK, CALVIN  
STREET ADDRESS 7074 NW 50 STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, when so other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)