

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762469

1. Entity Name

CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2573 NW 74 AVENUE
MIAMI FL 33122

Mailing Address

2573 NW 74 AVENUE
MIAMI FL 33122-1417

2. Principal Place of Business

2585 N.W. 74 Ave.

3. Mailing Address

2585 N.W. 74 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla

City & State

Miami, FLA

4. FEI Number

59-2205863

Applied For

Not Applicable

Zip

33122

Country

Da

Zip

33122

Country

Da

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

PAYNE, MARGARET
2573 N.W. 74TH AVE.
MIAMI FL 33122

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.

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\$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	P	<input type="checkbox"/> De'te
NAME	GRAMATEGES, ROBERTO	
STREET ADDRESS	2557 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input type="checkbox"/> De'te
NAME	MARTINS, ADELINO	
STREET ADDRESS	2533 N.W. 74TH AVENUE 2557	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> De'te
NAME	DELRIO PEREZ, LAURA	
STREET ADDRESS	2582 NW 74 AVENUE 2585	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> De'te
NAME	PAYNE, MARGARET	
STREET ADDRESS	2573 N.W. 74TH AVENUE 2573	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> De'te
NAME	MIRANDA, NESTOR	
STREET ADDRESS	2573 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> De'te
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martins, Adelino	
STREET ADDRESS	2557 NW 74 Ave	
CITY-ST-ZIP	Miami, Fl. 33122	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AYO, Jr., ROLANDO	
STREET ADDRESS	2509 N.W. 74 Ave	
CITY-ST-ZIP	Miami, Fl. 33122	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELRIO PEREZ, LAURA	
STREET ADDRESS	2585 N.W. 74 Ave.	
CITY-ST-ZIP	Miami, Fl. 33122	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARGARET	
STREET ADDRESS	2573 N.W. 74 Ave	
CITY-ST-ZIP	Miami, Fl. 33122	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTII, MYRA	
STREET ADDRESS	2541 N.W. 74 Ave	
CITY-ST-ZIP	Miami, Fl. 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 (305) 593-9470

CR2E037 (9/99)