2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
02-25-2000 90009 015 ****61.25

DOCUMENT # N33307

1. Entity Name
THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5005 COLLINS AVENUE MIAMI,BEACH, FLORIDA 33140	

10272

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5005 COLLINS AVENUE	5005 COLLINS AVENUE
Suite, Apt. #, etc.,	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL 33140	City & State: MIAMI BEACH, FL 33140
Zip: 33140 Country: MIAMI-DADE	Zip: 33140 Country: MIAMI-DADE

4. FEI Number: 65-0128840 ☐ 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
MICHAEL HYMAN, ESQUIRE 150 WEST FLAGLER STREET, SUITE 2701 MIAMI, FLORIDA 33130	Name: ANTHONY A. KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 City: MIAMI FL Zip Code: 33126

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 Kallicke Anthony Kalliche - Becker + Poliakoff PA DATE 4/11/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P GUERRA, ELISED 5005 COLLINS AVE #1005 MIAMI, BEACH FL. 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIAZ, HUGO. 5005 COLLINS AVE #806 MIAMI BEACH, FL. 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DAVIS, MIRTHA 5005 COLLINS AVE #1017 MIAMI BEACH, FL. 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLESCHNER, NOAH 5005 COLLINS AVE MIAMI BEACH, FL. 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERZO, FRANK 5005 COLLINS AVE MIAMI BEACH, FL. 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFKOWITZ, 5005 COLLINS AVE MIAMI BEACH, FL. 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037(9/99)

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 Statut 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 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 1dhanged, 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 #