

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90077 047 \*\*\*\*61.25

<b>DOCUMENT # 723861</b>
<b>1. Entity Name</b>
<b>1785 - 1795 CONDOMINIUM, INC</b>

<b>Principal Place of Business</b>	<b>Mailing Address</b>
<b>1785 CALAIS DR</b>	<b>1785 CALAIS DR</b>
<b>ONE</b>	<b>ONE</b>
<b>MIAMI BEACH FL 33141</b>	<b>MIAMI BEACH FL 33141</b>
<b>US</b>	<b>US</b>

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b>	<b>Applied For</b>
<b>59-2698583</b>	<b>Not Applicable</b>
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
<b>RABINES, WALTER</b>
<b>1785 CALAIS DR</b>
<b>#ONE</b>
<b>MIAMI BEACH FL 33141</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

<b>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.</b>	
<b>SIGNATURE</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW:</b>	<b>9. Election Campaign Financing</b>	<b>Make Check Payable to</b>
<b>FEE IS \$61.25</b>	<b>Trust Fund Contribution.</b>	<b>Department of State</b>

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>PTD</b>	<b>TITLE</b>	<b>Change</b>
<b>NAME</b>	<b>RABINES, WALTER</b>	<b>NAME</b>	<b>Addition</b>
<b>STREET ADDRESS</b>	<b>1785 CALAIS DR #1</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33141</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>TITLE</b>	<b>Change</b>
<b>NAME</b>	<b>ROSA, MARSHA</b>	<b>NAME</b>	<b>Addition</b>
<b>STREET ADDRESS</b>	<b>1785 CALAIS DR #1</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33141</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VPD</b>	<b>TITLE</b>	<b>Change</b>
<b>NAME</b>	<b>PALACIOS, MARIA</b>	<b>NAME</b>	<b>Addition</b>
<b>STREET ADDRESS</b>	<b>1785 CALAIS DR #1</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL 33141</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	<b>Change</b>
<b>NAME</b>		<b>NAME</b>	<b>Addition</b>
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	<b>Change</b>
<b>NAME</b>		<b>NAME</b>	<b>Addition</b>
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	<b>Change</b>
<b>NAME</b>		<b>NAME</b>	<b>Addition</b>
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>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.</b>	
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<b>SIGNATURE:</b>	<b>REQUIRED</b>	<b>1-5-01</b>	<b>305-8619289</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #