

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714234**

1. Entity Name

919 MICHIGAN CONDOMINIUM, INC.**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90025 024 ****61.25

00002077

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

919 MICHIGAN CONDOMINIUM, INC.
919 MICHIGAN AVENUE
MIAMI BEACH FL 33139-5333**919 MICHIGAN CONDOMINIUM, INC.**
919 MICHIGAN AVENUE
MIAMI BEACH FL 33139-5333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2044560

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

VALENCIA, DIEGO
919 MICHIGAN AVE
#7
MIAMI BEACH FL 33139

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

Alexi MANRESA, president
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/4/2001**FILE NOW:**
FEE IS \$61.259. 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
PD
DIEGO, VALENCIA ☒ Delete
919 MICHIGAN AVE #7
MIAMI BCH, FL 00000TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition
ALEXI MANRESA
919 MICHIGAN AVE #5
MIAMI BEACH FL 33139TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☐ Delete
ELLENWEIG, FRED
919 MICHIGAN AVE #3
MIAMI BCH, FL 00000TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Delete
KLAPKA, FRANCES
919 MICHIGAN AVE #9
MIAMI BCH, FL 00000TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Alexi MANRESA, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2001 305-372-6700

CR2E037 (10/00)