

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90085 012 ****61.25

DOCUMENT # 710864

1. Entity Name

FIRST HORIZONS CONDOMINIUM, INC.

Principal Place of Business

1550 N.W. 191 ST.
 1550 NORTHEAST 191 ST
 N. MIAMI BEACH FL 33179
 US

Mailing Address

1550 N.E. 191 ST.
 1550 NORTHEAST 191 ST
 N. MIAMI BEACH FL 33179
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1152393

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, RENA
1550 NE 191ST ST
N MIAMI BEACH FL 33179

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: **D** Delete
 NAME: **KANTER, VICTOR**
 STREET ADDRESS: **1550 NE 191 ST**
 CITY-ST-ZIP: **N MIAMI BCH FL**

TITLE: **D** Change Addition
 NAME: **RAFAEL SUAREZ**
 STREET ADDRESS: **1550 NE 191 ST**
 CITY-ST-ZIP: **N. MIAMI BCH, FL**

TITLE: **D** Delete
 NAME: **HYNES, ANGELINA**
 STREET ADDRESS: **1550 NE 191 STREET**
 CITY-ST-ZIP: **N MIAMI BCH FL**

TITLE: **D** Change Addition
 NAME: **Sandra Stone**
 STREET ADDRESS: **1550 NE 191 ST**
 CITY-ST-ZIP: **N. MIAMI Bch, FL**

TITLE: **PD** Delete
 NAME: **MOSS, RENA**
 STREET ADDRESS: **1550 NE 191 STREET**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **SD** Delete
 NAME: **PERCY, LINDA**
 STREET ADDRESS: **1550 NE 191 STREET**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **D** Delete
 NAME: **SCHEINHOTZ, ROSE**
 STREET ADDRESS: **1550 NE 191 STREET**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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

TITLE: **DT** Delete
 NAME: **HAVELOCK, LEWIS**
 STREET ADDRESS: **1550 NE 191 ST**
 CITY-ST-ZIP: **N MIAMI BCH FL**

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, with all other like empowered.

SIGNATURE: *Sandra Stone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/16/01** Daytime Phone #: **305-945-9535**

CR2E037 (10/00)