

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90009 010 ****61.25

DOCUMENT # N97000006981

1. Entity Name

1523 WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1523 WEST AVENUE
 C/O REGATTA REAL ESTATE
 MIAMI BEACH FL 33139

Mailing Address

1523 WEST AVENUE
 C/O REGATTA REAL ESTATE
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

1523 West Condo

Suite, Apt. #, etc.

Suite, Apt. #, etc.

90 Regatta Real Estate

City & State

City & State

628 Sixth St.

Zip

Country

Zip

Miami Beach, FL 33139

4. FEI Number

65-0740066

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

VODA, TIM
 628 SIXTH STREET
 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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D/P
 MARTINEZ, GILBERT
 1523 WEST AVENUE #304
 MIAMI BEACH FL 33139 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVPT
 PALUMBO, PAUL R
 1523 WEST AVENUE #102
 MIAMI BEACH FL 33139 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVPT
 BLACK, MICHAEL
 1523 WEST AV #101
 MIAMI BEACH FL 33139 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D/S
 CALDWELL, LAUREN
 1523 WEST AVENUE #103
 MIAMI BEACH FL 33139 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 AT
 VODA, TIM
 628 SIXTH STREET
 MIAMI BEACH FL 33139 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)