

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90458 011 ****61.25

DOCUMENT # N00000007249

1. Entity Name

CENTER COCOANUT GROVE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

2761 W. TRADE AVE.
 COCONUT GROVE FL 33133

Mailing Address

2761 W. TRADE AVE.
 COCONUT GROVE FL 33133

60063190



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1093872

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

DUARTE, PETER
 2761 W. TRADE AVE.
 COCONUT GROVE FL 33133

Name

Michael A. Luis

Street Address (P.O. Box Number is Not Acceptable)

2761 West Trade Avenue

City

Coconut Grove

FL

Zip Code

33133

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] **Michael A. Luis, President**

4/17/01

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	D LUIS, MICHAEL A	<input type="checkbox"/> Delete
STREET ADDRESS	2761 W. TRADE AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE NAME	D MICALI, JOHN S	<input type="checkbox"/> Delete
STREET ADDRESS	13301 SW 124TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME	D DURET, JEAN L	<input type="checkbox"/> Delete
STREET ADDRESS	13301 SW 124TH STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature] **Michael A. Luis, President**, **4/17/01**, **3054461929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)