

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91294 038 \*\*\*\*61.25

0002296

**DOCUMENT # 703262**

1. Entity Name

**625 ESPANOLA WAY INC A CONDOMINIUM**

Principal Place of Business

Mailing Address

641 ESPANOLA WAY. ~~condo box~~  
 MIAMI BEACH FL 33139  
 US

641 ESPANOLA WAY. ~~condo box~~  
 CONDO BOX  
 MIAMI BEACH FL 33139  
 US

2. Principal Place of Business

3. Mailing Address

641 Espanola Way  
 Suite, Apt. #, etc.  
 Condo Box

641 Espanola Way  
 Suite, Apt. #, etc.  
 Condo Box

City & State  
 Miami Beach, FL  
 Zip  
 33139 Country  
 USA

City & State  
 Miami Beach, FL  
 Zip  
 33139 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1038865

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

LEVIN, STEVE  
 641 ESPANDLA WAY #15/16  
 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 P  
 NAME LEVIN, STEVE ☐ Delete  
 STREET ADDRESS 641 ESPANDLA WAY #15/16  
 CITY-ST-ZIP MIAMI FL 33139

TITLE D  
 NAME JORGE Jerez ☐ Change ☒ Addition  
 STREET ADDRESS 641 Espanola Way #137  
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D  
 NAME CERNUDA, JUAN ☐ Delete  
 STREET ADDRESS 641 ESPANOLA WAY, #1  
 CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE T  
 NAME BERNKLAU, RUSS ☐ Delete  
 STREET ADDRESS 641 ESPANDLA WAY #23  
 CITY-ST-ZIP MIAMI FL 33139

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

TITLE D  
 NAME ORMAS, ANGEL ☐ Delete  
 STREET ADDRESS 641 ESPANOLA WAY, #8  
 CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D  
 NAME HANCOCK, DEAN ☐ Delete  
 STREET ADDRESS 641 ESPANDLA WAY  
 CITY-ST-ZIP MIAMI FL 33139

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

TITLE S  
 NAME SOLOMON, A ☐ Delete  
 STREET ADDRESS 641 ESPANDLA WAY  
 CITY-ST-ZIP MIAMI FL 33139

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:

*Steve Levin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01 305 534 0530  
 Date Daytime Phone #

CR2E037 (10/00)