

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 726163

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: 418 EUCLID AVENUE CONDOMINIUM, INC.

Current Principal Place of Business:

418 EUCLID AVENUE
BOX 12
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

418 EUCLID AVENUE
BOX 12
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1577792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGFIELD, LESLIE J
418 EUCLID AVENUE
#3B
MIAMI BEACH, FL 33139

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONGFIELD, LESLIE
Address: 418 EUCLID AVE 3B
City-St-Zip: MIAMI BEACH, FL 33139

Title: DV () Delete
Name: HERRERA, CHRISTINA
Address: 418 EUCLID AVE 3C
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: MAJOR, DIANE
Address: 418 EUCLID AVE 2B
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PANTON, JENNIFER
Address: 418 EUCLID AVE 2B
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE LONGFIELD

PD

01/09/2002

Electronic Signature of Signing Officer or Director

_____ Date