

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90092 002 ****61.25

DOCUMENT # N33307

1. Entity Name

THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5005 COLLINS AVENUE
MIAMI BEACH FL 33140**

**5005 COLLINS AVENUE
MIAMI BEACH FL 33140**

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

65-0128840

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

**KALICHE, ANTHONY A ESQUIRE
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126**

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 **VP** ☐ Delete
NAME **DIAZ, HUGO**
STREET ADDRESS **5005 COLLINS AVE 806**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **STD** ☐ Delete
NAME **DAVIS, MIRTHA**
STREET ADDRESS **5005 COLLINS AVE., #1017**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **D** ☒ Delete
NAME **FLECHNER, NOAH**
STREET ADDRESS **5005 COLLINS AVE #601**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **GARCIA, Bridget (D)** ☐ Change ☒ Addition
NAME **5005 COLLINS AVE 317**
STREET ADDRESS **MB, FL 33140**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GUERRA, ELISEO**
STREET ADDRESS **5005 COLLINS AVENUE #1005**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **D** ☒ Delete
NAME **GOLDMAN, JAY**
STREET ADDRESS **5005 COLLINS AVE #809**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE **Rekblatt, SOPHIA (D)** ☐ Change ☒ Addition
NAME **5005 COLLINS AVE 1119**
STREET ADDRESS **MB, FL 33140**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Eliseo Guerra** **SIGNATURE REQUIRED**

1/25/02 305-866-6156

CR2E037 (9/01)