2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90122 027 ****61.25

DOCUMENT # 710368
Entity Name
THIRD MOORINGS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
01 NORTH EAST MIAMI GARDENS DRIVE). MIAMI BEACH FL 33179	1501 NORTH EAST MIAMI GARDENS DRIVE ~~APT. 358-C~~ NO. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc. 146	Suite, Apt. #, etc. 146
City & State Same	City & State Same
Zip Same Country USA	Zip Same Country USA

4. FEI Number 59-1160715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, ADA
1501 NE MIAMI GARDENS DR C348
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name Guerra, Juan
Street Address (P.O. Box Number is Not Acceptable) 1501 N.E. Miami Gardens Dr. #146
City N. Miami Beach FL Zip Code 33179

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 P.R. Guerra, Juan 1/1/02
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	PD	☒ Delete	TITLE	PD.	☐ Change ☒ Addition
NAME	SIMPSON, ADA		NAME	Guerra, Juan	
STREET ADDRESS	1501 NE MIAMI GARDENS DR. APT. 348C		STREET ADDRESS	1501 N.E. Miami Gardens Dr. Apt. 146	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP	N. Miami Beach, Fl 33179	
TITLE	D	☐ Delete	TITLE	VP-D	☒ Change ☐ Addition
NAME	BARWALD, HEINCZ		NAME	Barwald, Heinz	
STREET ADDRESS	1501 N.E. MIAMI GARDENS DR., C251		STREET ADDRESS	1501 N.E. Miami Gardens Dr. C251	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		CITY-ST-ZIP	N. Miami Beach Fl 33179	
TITLE	VP	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	ALDANA, AURA		NAME	McBride, Arline	
STREET ADDRESS	1501 NE MIAMI GARDENS DR. APT. 352 C		STREET ADDRESS	1501 N.E. Miami Gardens Dr. C138	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		CITY-ST-ZIP	N. Miami Beach Fl 33179	
TITLE	SD	☒ Delete	TITLE	SD.	☐ Change ☒ Addition
NAME	SIMPSON, LESLIE		NAME	Branch, Pauline	
STREET ADDRESS	1501 NE MIAMI GARDENS DR. 348C		STREET ADDRESS	1501 N.E. Miami Gard. Dr. C237	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP	N. Miami Beach Fl 33179	
TITLE	DT	☒ Delete	TITLE	DAT.	☐ Change ☒ Addition
NAME	TORRES, URSULA		NAME	Seeling, Francisco	
STREET ADDRESS	1501 NE MIAMI GARDENS DR. APT. C251		STREET ADDRESS	1501 N.E. Miami Gard. Dr. Apt. C	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP	North Miami Beach, Fl 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (9/01)

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 #