

2002 UNIFORM BUSINESS REPORT (UBR)

1/25

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90057 005 ****61.25

DOCUMENT # 751019

1. Entity Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7325-7327 BYRON AVE.
 MIAMI BCH FL 33141
 US

Mailing Address

7327 BYRON AVENUE
 MIAMI BCH FL 33141
 US

2. Principal Place of Business

7327 Byron Ave
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIA. BEACH, FL.

City & State

MIA. BEACH, FL.

4. FEI Number

65-0666997

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA PAZ, FELIPE
 7325 BYRON AVE., APT 2
 MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name CONSUELO URIBE
 Street Address (P.O. Box Number is Not Acceptable)
7327 BYRON AVE. #3
 City MIA. BEACH FL Zip Code 33141

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 Consuelo Uribe

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

TITLE	PO	<input type="checkbox"/> Delete
NAME	DE LA PAZ, MELIDA	
STREET ADDRESS	7325 BYRON AVE. #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE LA PAZ, FELIPE	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	URIBE, CONSUELO	
STREET ADDRESS	7327 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	CONSUELO URIBE	
CITY-ST-ZIP	7327 BYRON AVE #3 MIA. BEACH, FL 33141	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN SARDINA	
STREET ADDRESS	7325 BYRON AVE #6	
CITY-ST-ZIP	MIA. BEACH, FL 33141	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCAR SEREBRENICK	
STREET ADDRESS	1816 CLEVELAND RD.	
CITY-ST-ZIP	MIA BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Consuelo Uribe 305-864-3466
 DATE: 1/15/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year Phone #

CR2E037 (9/01)