## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751019					Mar 10, 2002 8:00 am Secretary of State		
•	DL CONDOMINIUM ASSOCIAT	ION, INC.	l		01-29-2002	2 90057 005 ****61.25	5
Principal Pla	ace of Business	Mailing Address	···				
7325-7327 BY MIAMI BCH FI US		7327 BYRON AVENUE Miami BCH FL 33141 US		 	Iki kure wan bank kala kala kala		
2. Principal Place of Business  1321 B1kon AUE  Suite, Apt. #, efc.		3. Mailing Address  5 AME  Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & Sta	ata	City & State		4. FEI Numbe			_
MIM. BEACH, FL.					65-0666997 Not Applicable		e
3314		Zip	Country	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent	Name		Address of New Regist		7
DE LA PA	vz, feupe			CONSUEL ddress (P.O. Box Numbe			= =-==
7325 BYRON AVE., APT 2 MIAMI BEACH FL 33141			73	7327 BJRON AUE. #3			
1110 410 52	7.011   2.00141		City	IA BEAT		FL 3504/	_
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office o			, <u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent a	Le	Registered Agent signat	ure required when reinstating)	(	DATE	
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C		\$5.00 May B Added to Fees		heck Payable to the true of State	
10.	OFFICERS AND DIR	<del></del>	11.		NGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE LA PAZ, MELIDA 7325 BYRON AVE. #2 MIAMI BEACH FL 33141	☐ Delete	TITLE PD  MAME  STREET ADDRESS  CITY-ST-ZIP	PRESIDEN CONSUELO 1327 1348	URIBE #3	☐ Change ☐ Addition	CR2E037 (9/01)
TITLE	TD DE LA PAZ, FELIPE	☐ Delete	TITLE	TRE ASURER	H, FL 3314	☐ Change ☐ Addition	뜅
STREET ADDRESS	7325 BYRON AVE #2		NAME STREET ADDRESS	JUANSARDI 7325 BYES MIA BEAL	A AVE # 6		
CITY-ST-ZIP	MIAMI BEACH FL 33141	Delete	CITY-ST-ZIP	MIA HEAD	7	Change Addition	-
NAME STREET ADDRESS CITY-ST-ZIP	URIBE, CONSUELO 7327 BYRON AVE #3 MIAMI BEACH FL 33141	<del></del>	STREET ADDRESS CITY-ST-ZIP	SECRETAR OSCAR SER 1816 CLEVE	AND RD.		
TITLE	MIAMI DEACH PL 33141	☐ Delete	TITLE	MIA BEACK	1, P 2 · 33/U	Change Addition	-
NAME STREET ADDRESS CITY-ST-ZIP		+	NAME Street address City-St-Zip				:
TITLE NAME		☐ Delete	TITLE NAME			Change Addition	7
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ AddItion	
12. I hereby of indicated of the core	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower, or on an attachment with an address with the control of the cont	rue and accurate and that my vered to execute this report at th all other like empowered.	the exemption state of signature shall has sequired by Chap	ed in Section 119.07(3)(i) we the same legal effect oter 617, Florida Statutes	as if made under cath; the and that my name appe	recrify that the information that I am an officer or director ars in Block 10 or Block 11 if	