

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90007 023 ****61.25

DOCUMENT # N95000004225

1. Entity Name

FEDERAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**48 EAST FLAGLER ST., PENTHOUSE 105
MIAMI FL 33131**

**C/O GRACE AND CO P.A.
111 NE 1ST STREET, 5TH FLOOR
MIAMI FL 33132
US**

2. Principal Place of Business

3. Mailing Address

C/O GRAU & CO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1110 BRICKELL AVE PH-02

City & State

City & State

MIAMI FL 33131

Zip

Country

Zip

Country

33131

USA

4. FEI Number

65-0623431

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MARBIN, EVAN R
48 EAST FLAGLER ST., PENTHOUSE 104
MIAMI FL 33131**

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 **PD** ☐ Delete
NAME **SERGIO, ROX**
STREET ADDRESS **48 EAST FLAGLER ST. PH. 105**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VTSD** ☒ Delete
NAME **IZQUIERDO, ANTONIO**
STREET ADDRESS **111 N.E. 1ST ST. 9TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VP D** ☐ Change ☒ Addition
NAME **FATHER PATRICK ONEIL**
STREET ADDRESS **111 NE 1 STREET 7TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☒ Delete
NAME **QUIROS, ARIEL**
STREET ADDRESS **111 N.E. 1ST ST. 4TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **T, S, D** ☐ Change ☒ Addition
NAME **PAULA JAURE**
STREET ADDRESS **111 NE 1 STREET 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

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 reports 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 SERGIO ROX

3/12/02 3053774921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)