2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90359 009 ****70.00

DOCUMENT # N98000004032

1. Entity Name

5900 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
5900 COLLINS AVE MANAGEMENT OFFICE MIAMI BEACH FL 33140 US	5900 COLLINS AVE MANAGEMENT OFFICE MIAMI BEACH FL 33140 US

DO NOT WRITE IN THIS SPACE

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 22-3611845 ☐ 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
HESS, DAVID 6345 COLLINS AVENUE MIAMI BEACH FL 33141	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEFORTUNA, EDGARDO 5900 COLLINS AVENUE MIAMI FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARK LUNT 5900 COLLINS AVENUE #1708 MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILTZ, ULISES R 7445 SW 34TH TERRACE MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ENRIQUE KNUFFER 5900 COLLINS AVENUE #505 MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DASSO, HECTOR 5900 COLLINS AVE MIAMI BCH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PETER AGUIRREBENA 5900 COLLINS AVE #901 MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HESS, DAVID 6345 COLLINS AVE MIAMI BCH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST SEC DAVID HESS 6345 COLLINS AVENUE MIAMI BEACH, FL 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST DEFORTUNA, ANA CRISTINA 5900 COLLINS AVE MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD SOFFIN 5900 COLLINS AVENUE #1804 MIAMI BEACH, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DR THOMAS CHAPMAN 5900 COLLINS AVENUE #1602 MIAMI BEACH, FL 33140

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 2/15/02 786-395-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #