

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90029 021 ****61.25

DOCUMENT # 708278

1. Entity Name

820 THIRD ST., INC. A CONDOMINIUM



Principal Place of Business

820 THRID ST
MIAMI BEACH FL 33139
US

Mailing Address

2710 ANDERSON ROAD
MIAMI FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIMAN
HEINMAN, BARBARA
2710 ANDERSON ROAD
MIAMI FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *B. Heiman* *B. HEIMAN* *3-17-05*
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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____
NAME DMP
STREET ADDRESS HEINMAN, BARBARA
CITY- ST- ZIP 2710 ANDERSON RD
MIAMI FL 33134 ☐ Delete

TITLE _____
NAME *HEIMAN B.* ☐ Change ☐ Addition
STREET ADDRESS _____
CITY- ST- ZIP _____

TITLE _____
NAME TD
STREET ADDRESS MARSHALL, KEVIN
CITY- ST- ZIP 820 THIRD ST
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE _____
NAME STD
STREET ADDRESS CRUS, ESTERLILA
CITY- ST- ZIP 10410 SW 42 TERRACE
MIAMI FL 33165 ☐ Delete

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

TITLE _____
NAME SD
STREET ADDRESS LOPEZ, D'ANGELA
CITY- ST- ZIP 820 3RD ST #10
MIAMI FL 33139 ☐ Delete

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

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

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

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

TITLE _____
NAME _____ ☐ Change ☐ Addition
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: *B. Heiman* *B. HEIMAN* *3-17-05* *305-448-0597*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #