

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90042 033 ****61.25

DOCUMENT # N38500

1. Entity Name
LOT 2, BLOCK, 1, BARBARA'S HAMMOCK CONDO. CORP.



Principal Place of Business

**3211 MATILDA ST
COCONUT GROVE FL 33133**

Mailing Address

**3211 MATILDA ST
COCONUT GROVE FL 33133**

2. Principal Place of Business

3213 MATILDA ST

3. Mailing Address

3213 MATILDA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove FL

City & State

Coconut Grove FL

4. FEI Number **65-0278784**

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUCHWALD, JEFFREY
3211 MATILDA ST
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name **MAURY UDELL**

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

3213 MATILDA STREET

City

Coconut Grove

FL

Zip Code

33133

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

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BUCHWALD, JEFFREY**
STREET ADDRESS **3211 MATILDA ST**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **DT** ☒ Delete
NAME **BUCHWALD, MARC**
STREET ADDRESS **3211 MATILDA ST**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **VDS** ☐ Delete
NAME **UDELL, MAURY**
STREET ADDRESS **3213 MATILDA ST.**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DT** ☐ Change ☒ Addition
NAME **BUCHWALD, APRIL**
STREET ADDRESS **3211 MATILDA STREET**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

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

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

TITLE ☐ Change ☐ 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:

MAURY UDELL REQUIRED

1/6/03 305-373-5203

CR2E037 (10/02)