

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90280 028 ****61.25

DOCUMENT # 751019

1. Entity Name
BEN-MOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7327 BYRON AVENUE
MIAMI BEACH FL 33141
US**

Mailing Address
**7327 BYRON AVENUE
MIAMI BEACH FL 33141
US**

11032423



2. Principal Place of Business
7327 Byron Ave
Suite, Apt. #, etc.
MIAMI BEACH

3. Mailing Address
SAME
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FLA.

City & State

Zip
33141

Country
DADE

Zip

Country

4. FEI Number **65-0666997**

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

URIBE, CONSUELO
7327 BYRON AVE.
APT 3
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	URIBE, CONSUELO	
STREET ADDRESS	7327 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SARDINA, JUAN	
STREET ADDRESS	7325 BYRON AVE #6	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEREBRENK, OSCAR	
STREET ADDRESS	1816 CLEVELAND ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

CR2E037 (10/02)