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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

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

DOCUMENT # N97000003525			
1. Entity Name THE LORENA OWNERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 840 10TH STREET MIAMI BEACH, FL 33139-8446		Mailing Address P.O. BOX 190218 MIAMI BEACH, FL 33139-0218	
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 65-0991219		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCEL, MICHAEL P 840 10TH STREET, APT. 12 MIAMI BEACH, FL 33139-8446		7. Name and Address of New Registered Agent Name: SKLARSKY, Michael P Street Address (P.O. Box Number is Not Acceptable) 840 10th St. Apt #11 City: Miami-Beach FL Zip Code: 33139	
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: <i>Michael P. Sklarsky</i>		DATE: July 7, 2003	
9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
FILE NOW: FEB 15 2004		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME	MARCEL, MARIA V	NAME	PRESIDENT
STREET ADDRESS	840 10TH STREET, #12	STREET ADDRESS	RAUL LEON-Vekardc
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	836 10th Apt #7
TITLE	TD	TITLE	VICE-PRESIDENT
NAME	DARGAN, THEODORE	NAME	MICHAEL P. SKLARSKY
STREET ADDRESS	830 10TH STREET, #3	STREET ADDRESS	840 10th St. Apt #11
CITY-ST-ZIP	MIAMI BEACH, FL 33139-8446	CITY-ST-ZIP	Miami-Beach, FL 33139
TITLE	SD	TITLE	TREASURER
NAME	LANZAS, NOEL	NAME	NOEL LANZAS
STREET ADDRESS	830 10TH STREET, #4	STREET ADDRESS	830 10th St. #4
CITY-ST-ZIP	MIAMI BEACH, FL 33139-8446	CITY-ST-ZIP	Miami-Beach, FL 33139
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. 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 address, with all other like empowered.			
SIGNATURE: <i>Michael P. Sklarsky</i>		DATE: July 7, 2003 788-385-1670	