

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N07000006486

**Entity Name:** 50 BISCAYNE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Sep 06, 2013**  
**Secretary of State**  
**CC9141011886**

**Current Principal Place of Business:**

50 BISCAYNE BOULEVARD  
MANAGEMENT OFFICE SUITE 301  
MIAMI, FL 33132

**Current Mailing Address:**

50 BISCAYNE BOULEVARD  
MANAGEMENT OFFICE SUITE 301  
MIAMI, FL 33132

**FEI Number:** 26-0459923

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GLAZER AND ASSOCIATES, P.A.  
3113 STIRLING ROAD  
201  
HOLLYWOOD, FL 33312 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARTINEZ, MARIA  
Address 50 BISCAYNE BLVD MGMT OFFICE  
SUITE 301  
City-State-Zip: MIAMI FL 33132

Title TREASURER  
Name BENOSH, ITAI  
Address 50 BISCAYNE BLVD MGMT OFFICE  
SUITE 301  
City-State-Zip: MIAMI FL 33132

Title SECRETARY  
Name KABBANI, AMAL S.  
Address 50 BISCAYNE BLVD MGMT OFFICE  
SUITE 301  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name CONDE, ANA I.  
Address 50 BISCAYNE BLVD MGMT OFFICE  
SUITE 301  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name STUDIO , LLC  
Address 50 BISCAYNE BLVD MGMT OFFICE  
SUITE 301  
City-State-Zip: MIAMI FL 33132

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA MARTINEZ

**PRESIDENT**

**09/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date