2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90171 008 ****61.25

DOCUMENT # 707493

1. Entity Name

900 EUCLID AVENUE INC A CONDOMINIUM

Principal Place of Business	Mailing Address
900 EUCLID AVENUE APT. 14 MIAMI BEACH FL 33139-5449	900 EUCLID AVENUE APT. 14 MIAMI BEACH FL 33139-5403

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 Euclid Ave	900 Euclid Ave
Suite, Apt. #, etc.: Unit #23	Suite, Apt. #, etc.: Unit #23
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country:

4. FEI Number: 59-1109142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ --- **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELLER, LOUIS R
900 EUCLID AVENUE
APT. 14
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: Michael R. Chandler
Street Address (P.O. Box Number is Not Acceptable): 900 Euclid Ave Unit #23
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.

SIGNATURE: Louis Beller Michael R. Chandler (New registered agent) Louis Beller old Reg. Agent 4/18/00
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RODRIGUEZ, GLORIA 900 EUCTIO AVE., APT. 14 MIAMI BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD michael R. Chandler 900 Euclid Ave Unit#23 Miami Beach, FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BELLER, LOUIS R 900 EUCLID AVE., APT. 14 MIAMI BEACH FL 33137	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Carlos Samgedro 900 Euclid Ave Unit#19 Miami Beach, FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELLAGAMA, GONATA 420 LINCOLN ROAD., SUITE 312 MIAMI BEACH FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Betsy Alvarez 900 Euclid Ave Unit#2 Miami Beach, FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COEDO, LUIS 1601 CASILLA CORAL GABLES FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Michael R. Chandler President (Michael R. Chandler) 4/17/2000 (305)672-3736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #