

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90055 033 ****61.25

DOCUMENT # 708278

1. Entity Name

820 THIRD ST., INC. A CONDOMINIUM

Principal Place of Business

Mailing Address

10410 SW 42 TERR.
 MIAMI FL 33165
 US

10410 SW 42 TERR.
 MIAMI FL 33165-4904
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10410 SW 42 TERR

10410 SW 42 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL 33165

MIAMI FL

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip **33165**

Country **US**

Zip **33165**

Country **US**

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

CRUZ, JORGE
 10410 SW 42 TERR.
 MIAMI FL 33165

Name **Jorge Cruz**
 Street Address (P.O. Box Number is Not Acceptable)
10410 SW 42 TERR
 City **MIAMI FL** Zip Code **33165**

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

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	DMP	<input type="checkbox"/> Delete
NAME	CRUZ, JORGE	
STREET ADDRESS	10410 SW 42 TERR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRUZ, ESTERLILA	
STREET ADDRESS	10410 SW 42 TERR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE-ZAYAS, JOSE	
STREET ADDRESS	820 3 ST #9	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DMP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ JORGE	
STREET ADDRESS	10410 SW 42 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ ESTERLILA	
STREET ADDRESS	10410 SW 42 TERR	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEZAYAS JOSE	
STREET ADDRESS	820 3ST #9	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBIE G. HEIMAN	
STREET ADDRESS	2710 ANDERSON RD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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: **Jorge Cruz DMP**

Date: **1/17/2000** Daytime Phone #: **(305) 538 2000**

CR12E037 (9/99)