

2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-29-2002 90076 031 ****61.25

DOCUMENT # 710950

1. Entity Name

FIRST MOORINGS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1591 MIAMI GARDENS DR
 NORTH MIAMI BEACH FL 33179

C/O MIAMI MANAGEMENT INC.
 1380 N.E. MIAMI GARDENS DRIVE #241
 NORTH MIAMI BEACH FL 33179

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

59-1166747

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

SILVERMAN, DAVID
 1541 MIAMI GARDENS DR
 NORTH MIAMI BEACH FL 33179

Name **CARLOS A. TRIAY, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 Street

#103

City **MIAMI**

FL Zip Code **33172**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

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 | TD | <input type="checkbox"/> Delete |
| NAME | MOURAD, RAMOUL | |
| STREET ADDRESS | 1591 NE MIAMI GARDENS DRIVE #214 | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DECARRAUA, LESLIE | |
| STREET ADDRESS | 1591 NE MIAMI GARDENS DRIVE #213 | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GREENBERG, GERTRUDE | |
| STREET ADDRESS | 1591 NE MIAMI GARDENS DRIVE #114 | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BRETT, PATRICK | |
| STREET ADDRESS | 1591 NE MIAMI GARDENS DRIVE # | |
| CITY-ST-ZIP | N. MIAMI, FL 33179 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANTISI, GASPAR | |
| STREET ADDRESS | 1591 NE MIAMI GARDENS DRIVE # | |
| CITY-ST-ZIP | N. MIAMI, FL 33179 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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]* SIGNATURE RESISTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 02

Date

305 5497629

Daytime Phone #

CR2E037 (9/01)