

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90009 009 ****61.25

DOCUMENT # 711472
 1. Entity Name
Euclid Beach Condominium, INC

Principal Place of Business Mailing Address
1334 Euclid Ave. #12

D0057942

2. Principal Place of Business: 3. Mailing Address

Suite, Apt. #, etc. City & State Zip Country
1334 Euclid Ave. #12 MIAMI BEACH, FL 33139 DADE
1334 Euclid Ave. #12 MIAMI BEACH, FL 33139 DADE

DO NOT WRITE IN THIS SPACE
 4. FEI Number 13-5285966
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAZARO Y. MENDA
1334 Euclid Ave #12
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name LAZARO Y. MENDA
 Street Address (P.O. Box Number is Not Acceptable)
1334 Euclid Ave. #12
 City MIAMI BEACH State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	
TITLE <u>PD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>MENDA, LAZARO Y</u> <input type="checkbox"/> Delete <u>1334 Euclid Ave. #12</u> <u>MIAMI BEACH, FL 33139</u>
TITLE PD <u>SD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>FIGUEROA, MARIA POCCARULL</u> <input type="checkbox"/> Delete <u>1334 Euclid Ave. #1</u> <u>MIAMI BEACH, FL 33139</u>
TITLE SD <u>VD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>SOLES, ROSE</u> <input type="checkbox"/> Delete <u>1334 Euclid Ave #3</u> <u>MIAMI BEACH, FL 33139</u>
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lazaro Y Menda Date 5/3/2000 (305) 538-7389
 Daytime Phone #

CRZE037 (9/99)