

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90176 038 \*\*\*\*61.25

**DOCUMENT # 711472**

1. Entity Name

**EUCLID BEACH CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

1334 EUCLID AVENUE  
 MIAMI BEACH FL 33139

1334 EUCLID AVENUE  
 MIAMI BEACH FL 33139

0004500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-5285966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENDA, LAZARO Y.**  
**1334 EUCLID AVE. #12**  
**MIAMI BEACH FL 33139**

Name

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

City

**FL**

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FIGUEREDO, MARIA POCURULL</b> <b>1334 EUCLID AVE</b> <b>MIAMI BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RODOBALDO, ALONSO</b> <b>1334 EUCLID AVE</b> <b>MIAMI BCH, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RODOBALDO, ALONSO</b> <b>1334 EUCLID AVE</b> <b>MIAMI BCH, FL 00000</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MENDA, LAZARO Y</b> <b>1334 EUCLID AVENUE</b> <b>MIAMI BEACH FLA 33139</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02 (305) 538-7389  
 Date Daytime Phone #

CR2E037 (9/01)