2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2002 8:00 am Secretary of State **DOCUMENT # 713432** 1. Entity Name 713 COLLINS CONDOMINIUM, INC. 03-26-2002 90055 011 ****70.00 Principal Place of Business Mailing Address 713 COLLINS AVENUE C/O 1235 ALTON ROAD APT #21 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1379861 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Morales, Dalio 713 COLLINS AVE 713 Collins Ave. #32 #21 MIAMI BEACH FL 93139 Miami 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition Change William Boselly NAME MORALES, DALIO NAME 713 Collins Ave. #32 STREET ADDRESS STREET ADDRESS 713 COLLINS AVENUE #21 Miami Beach, Fl. 33139 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE **X** Delete Addition Change VALENCIA, KLARA Vittorio Barbera NAME NAME 713 COLLINS AVENUE #36 7/3 Collins Ave. #36 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Miam: Beach, Fl. 33139 <u>Miami/Beach Fl 3313</u> TD Duque TITLE 🗹 Delete TITLE - Change -_ Addition NAME SMITH, JUANA NAME 713 Colling Ave. #29 STREET ADDRESS 713 COLLINE AVENUE #26 STREET ADDRESS Miami Beach, F1.33139 CITY-ST-7IP MIAMI BEACH PL33139 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

AMPURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

GNATURE: `

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