

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717456

1. Entity Name

363 WASHINGTON CONDOMINIUM, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90258 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

363 WASHINGTON AVENUE

363 WASHINGTON AVENUE

MIAMI BEACH FL 33139

MIAMI BEACH FL 33139-6947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1318528

Applied For

Not Applicable

Zip

Country

Zip

Country

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

QUICK, TIMOTHY

363 WASHINGTON AVE 33

MIAMI BEACH FL 33139

Name

GALI M. PACHECO

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

363 WASHINGTON AVE # 22

City

MIAMI BEACH

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

GALI M. PACHECO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/00

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 P ☒ Delete  
NAME QUICK, TIMOTHY  
STREET ADDRESS 363 WASHINGTON AVE 33  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE P ☒ Change ☐ Addition  
NAME GALI M. PACHECO  
STREET ADDRESS 363 WASHINGTON AVE 22  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☐ Delete  
NAME PACHECO, GALI  
STREET ADDRESS 363 WASHINGTON AVE 25  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP ☐ Change ☐ Addition  
NAME GALI J. PACHECO  
STREET ADDRESS 363 WASHINGTON AVE 25  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☒ Delete  
NAME GONZALEZ, ALBERTO  
STREET ADDRESS 363 WASHINGTON AVE 43  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE S.T. ☒ Change ☐ Addition  
NAME JUETTE DELGADO  
STREET ADDRESS 363 WASHINGTON AVE 65  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE T ☒ Delete  
NAME KIRSCHENBAUM, HELEN  
STREET ADDRESS 363 WASHINGTON AVE 34  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME REILLY, ELIZABETH  
STREET ADDRESS 363 WASHINGTON AVE 45  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ENRIQUE, LAVAS  
STREET ADDRESS 363 WASHINGTON AVE 41  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

305-531-5080

Daytime Phone #

CR2E037 (9/99)