

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718116

1. Entity Name

1357 COLLINS AVENUE CONDOMINIUM, INC.

Principal Place of Business

1357 COLLINS AVENUE  
MIAMI BEACH FL 33139

Mailing Address

1357 COLLINS AVENUE  
MIAMI BEACH FL 33139

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

59-2040779

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

MARTIN, RICHARD W  
1357 COLLINS AVE.  
SUITE A4  
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

TITLE PD  
NAME MARTIN, RICHARD W  
STREET ADDRESS 1357 COLLINS AVE. #A4  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE TD  
NAME REREZ, MERDADO R  
STREET ADDRESS 1357 COLLINS AVE. #D3  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE D  
NAME OSIDACH, MARY A  
STREET ADDRESS 1357 COLLINS AVE. #D1  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 fee empowered.

SIGNATURE:

*Richard W Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1 Jan 2001 305-695  
1032

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90065 041 \*\*\*\*61.25

800509



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)