

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719324

1. Entity Name

FIFTY SIX SIXTY COLLINS AVE. CONDOMINIUM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90058 043 ****61.25

Principal Place of Business	Mailing Address
5660 COLLINS AVE. MIAMI BEACH FL 33140 US	5660 COLLINS AVE. MIAMI FLA 33140-2404 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	Applied For
59-1310100	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MILLER, PHYLLIS
 5660 COLLINS AVENUE
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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 *Phyllis Miller*

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	TD	<input type="checkbox"/> Delete
NAME	KRAMER, ROSE	
STREET ADDRESS	5660 COLLINS AVE, 5A	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	FVD	<input type="checkbox"/> Delete
NAME	CETLIN, EDWARD	
STREET ADDRESS	5660 COLLINS AVE, 11D	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, ARTURO	
STREET ADDRESS	5660 COLLINS AVE, 10B	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UFFNER, JEROME	
STREET ADDRESS	5660 COLLINS AVE, 7C	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, PHYLLIS	
STREET ADDRESS	5660 COLLINS AVE. 18C	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phyllis Miller* **REQUIRED**

Signature and typed or printed name of signing officer or director Date Daytime Phone #