

# 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

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

59-1310100

Applied For

Not Applicable

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

MILLER, PHYLLIS  
 5660 COLLINS AVENUE  
 MIAMI BEACH FL 33140

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD  Delete  
 NAME: KRAMER, ROSE  
 STREET ADDRESS: 5660 COLLINS AVE, 5A  
 CITY-ST-ZIP: MIAMI BCH FL 33140

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

TITLE: FVD  Delete  
 NAME: CETLIN, EDWARD  
 STREET ADDRESS: 5660 COLLINS AVE, 11D  
 CITY-ST-ZIP: MIAMI BEACH FL 33140

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

TITLE: SVD  Delete  
 NAME: BUSTAMANTE, ARTURO  
 STREET ADDRESS: 5660 COLLINS AVE, 10B  
 CITY-ST-ZIP: MIAMI BEACH FL 33140

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

TITLE: SD  Delete  
 NAME: UFFNER, JEROME  
 STREET ADDRESS: 5660 COLLINS AVE, 7C  
 CITY-ST-ZIP: MIAMI BEACH FL 33140

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

TITLE: PD  Delete  
 NAME: MILLER, PHYLLIS  
 STREET ADDRESS: 5660 COLLINS AVE. 18C  
 CITY-ST-ZIP: MIAMI BCH FL 33140

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

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 like empowered.

SIGNATURE: *Phyllis Miller* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED