

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

02-27-2003 90174 029 ***150.00

DOCUMENT # 719324

1. Entity Name
FIFTY SIX SIXTY COLLINS AVE. CONDOMINIUM, INC.



Principal Place of Business
**5660 COLLINS AVE.
MIAMI BEACH FL 33140
US**

Mailing Address
**5660 COLLINS AVE.
MIAMI BEACH FL 33140
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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UFFNER, JEROME
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|--|----------|---------------------------------|--|--|----------|--------------------------------|--|
| <input checked="" type="checkbox"/> Delete | D | JOHNSON, MICHAEL 2 VP | 5600 COLLINS AVE 7-D MIAMI BCH FL 33140 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input checked="" type="checkbox"/> Delete | D | BREUER, ADRIENE SEC | 5660 COLLINS AVE, 10-A MIAMI BEACH FL 33140 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D | POTASHNICK, JEROME Sec. | 5660 COLLINS AVE. 8A MIAMI BEACH, FL. 33140 |
| <input type="checkbox"/> Delete | D | BUSTAMANTE, ARTURO TREAS | 5660 COLLINS AVE, 10B MIAMI BEACH FL 33140 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D | ELOVIC, ERNEST 2nd V.P. | 5660 COLLINS AVE.19B MIAMI BEACH, FL. 33140 |
| <input type="checkbox"/> Delete | P | UFFNER, JEROME PRESIDE | 5660 COLLINS AVE, 7C MIAMI BEACH FL 33140 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | D | GETZ, MORTON 1 VP | 5660 COLLINS AVE. 9-D MIAMI BCH FL 33140 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

[Signature]
UFFNER
2/24/03 305-531-5660