2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State
08-28-2000 90040 046 ****61.25

DOCUMENT # 720135

1. Entity Name

7720 CONDOMINIUM INC.

Principal Place of Business	Mailing Address
7720 BYRON AVENUE APT #2 MIAMI BEACH FL 33141 US	7720 BYRON AVENUE APT #2 MIAMI BEACH FL 33141 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7720 Byron Ave	7720 Byron Ave
Suite, Apt. #, etc.: Apt 4	Suite, Apt. #, etc.: Apt 4
City & State: Miami Beach	City & State: Miami Beach, Fl.
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. FEI Number: 59-2237196 ☐ 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
FERNANDEZ, MARKEL O 7720 BYRON AVENUE APT #2 MIAMI BEACH FL 33141	Name: López, Vivian Street Address (P.O. Box Number is Not Acceptable): 7720 Byron Ave #4 City: Miami Beach FL Zip Code: 33141

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 _____ 08-23-00
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARDO, ARSENIO 7720 BYRON AVE #3 MIAMI BEACH FL 33141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Vivian López 7720 Byron Ave #4 Miami Beach, Fl. 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FERNANDEZ, MARKEL 7720 BYRON AVE #2 MIAMI BEACH FL 33141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Veronica Fernandez 7720 Byron Ave #3 Miami Beach, Fl 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MEDINE, MERCEDES 7720 BYRON AVE #1 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mercedes Medina 7720 Byron Ave #1 Miami Beach, Fl 33141	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIAZ, JOSE 7720 BYRON AVE #4 MIAMI BCH. FL 33141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Diaz Javier 7720 Byron Ave #2 Miami Beach 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 — Date — Daytime Phone #