2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
02-19-2001 90266 011 ****61.25

0039713

DOCUMENT # 720135

1. Entity Name

7720 CONDOMINIUM INC.

718439

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7720 BYRON AVENUE APT #4 MIAMI BEACH FL 33141 US	7720 BYRON AVENUE APT #4 MIAMI BEACH FL 33141 US

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

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

LOPEZ, VIVIAN
7720 BYRON AVENUE
APT #4
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: Vivian Lopez
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: _____ 01-16-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOPEZ, VIVIAN 7720 BYRON AVE #4 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FERNANDEZ, VERONICA 7720 BYRON AVE #3 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
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	☐ Change ☐ Addition Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAVIEN, DIAZ 7720 BYRON AVE #2 MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Same
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 (10/00)

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: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-01 (305) 866 0558
Date Daytime Phone #