

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90106 037 ****61.25

0025656

DOCUMENT # 720135

1. Entity Name

7720 CONDOMINIUM INC.



Principal Place of Business

**7720 BYRON AVENUE
APT #4
MIAMI BEACH FL 33141
US**

Mailing Address

**7720 BYRON AVENUE
APT #4
MIAMI BEACH FL 33141
US**

2. Principal Place of Business

**7720 Byron Ave
Suite, Apt. #, etc.
4**

3. Mailing Address

**7720 Byron Ave # 4
Suite, Apt. #, etc.
4**

City & State

Miami Beach

City & State

Miami Beach

Zip

33141

Country

FL

Zip

33141

Country

FL

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 **Same**
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 re-registering)

DATE

25/01/03

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

TITLE	P	☐ Delete
NAME	LOPEZ, VIVIAN	
STREET ADDRESS	7720 BYRON AVE #4	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	☐ Delete
NAME	FERNANDEZ, VERONICA	
STREET ADDRESS	7720 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	☐ Delete
NAME	MEDINA, MERCEDES	
STREET ADDRESS	7720 BYRON AVE #1	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	☐ Delete
NAME	DIAZ, JAVIER	
STREET ADDRESS	7720 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

25/01/03 305 864 4515

CR2E037 (10/02)