

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

DOCUMENT # 720563 2001

1. Entity Name

Maison Grande Condominium Association

Principal Place of Business

Mailing Address

05-29-2001 90007 034 ***214.24
 06-19-2001 90009 007 ****61.25

60071344

2. Principal Place of Business

6039 Collins Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

4. FEI Number

59-137619

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Nyman, Michael
 44 W. Flagler street
 14th Floor
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hector ALZUGARAY	
STREET ADDRESS	6039 COLLINS AVE # 309	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD CASAS	
STREET ADDRESS	6039 COLLINS AVE # 1034	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA GOMEZ-ORTEGA	
STREET ADDRESS	6034 COLLINS AVE # 1495	
CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAL SABO	
STREET ADDRESS	6039 COLLINS AVE # 501	
CITY-ST-ZIP	MIAMI BEACH FL. 33140	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBANO BENITO	
STREET ADDRESS	6039 COLLINS AVE # PH-17	
CITY-ST-ZIP	MIAMI BEACH FL. 33140	
TITLE	Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes Fernandez	
STREET ADDRESS	6039 COLLINS AVE # 50	
CITY-ST-ZIP	MIAMI BEACH FL. 33140	

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:

Hector Alzugaray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)