

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90625 027 \*\*\*\*61.25

0022987

**DOCUMENT # 720563**  
 1. Entity Name  
**MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>6039 COLLINS AVE. MIAMI BEACH FL 33140</b>	Mailing Address <b>6039 COLLINS AVE. MIAMI BEACH FL 33140</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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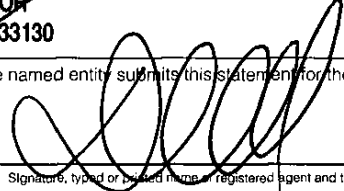
City & State	City & State	4. FEI Number <b>59-1377619</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>HYMAN, MICHAEL 44 W. FLAGLER STREET 14TH FLOOR MIAMI FL 33130</b>		7. Name and Address of New Registered Agent Name <b>DAVID H. ROGEL, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Becker &amp; Pollack, P.A.</b> <b>5201 Blue Lagoon Dr. #100</b> City <b>Miami</b> FL Zip Code <b>33126</b>	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CASAS, EDWARD	
STREET ADDRESS	6039 COLLINS AVE #1034	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALZUGARAY, HECTOR	
STREET ADDRESS	6039 COLLINS AVE #309	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S.	<input type="checkbox"/> Delete
NAME	GOMEZ-ORTEGA, SARA	
STREET ADDRESS	6039 COLLINS AVE #1425	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SABO, SAL	
STREET ADDRESS	6039 COLLINS AVE #506	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENITO, URBANO	
STREET ADDRESS	6039 COLLINS AVE #PH-17	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LOURDES	
STREET ADDRESS	6039 COLLINS AVE #50	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORLANDO VELASQUEZ, D.	
STREET ADDRESS	6039 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARLE De LATORRE	
STREET ADDRESS	6039 COLLINS AVE #	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARA GOMEZ ORTEGA	
STREET ADDRESS	6039 COLLINS AVE #1425	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALVIN KOHLI	
STREET ADDRESS	6039 COLLINS AVE #929	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE TERRINOMI	
STREET ADDRESS	6039 COLLINS AVE #9607	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bobi Newman	
STREET ADDRESS	6039 COLLINS AVE #808	
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:  (CALVIN KOHLI) 2/20-02 305 865-4247

CR2E037 (9/01)