

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

AMENDED

07-08-2002 90235 023 ***61.25
FILED 720563

02 JUL 15 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80127310

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6039 COLLINS AVENUE	3. Mailing Address 6039 COLLINS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL.	4. FEI Number 59-1377619	Applied For Not Applicable
Zip 33140	Country MIAMI, DADE	Zip 33140	Country MIAMI, DADE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROGEL DAVID H. ESQ.
Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, PA
5201 BLUE LAGOON DR. #100
City MIAMI
State FL
Zip Code 33126

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 _____ DATE _____

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when constituting)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VELAZQUEZ, JR., ORLANDO 6039 COLLINS AVE #1008 MIAMI BEACH, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ESPOSITO, GRACE 6039 COLLINS AVE #1229 MIAMI BEACH, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GOMEZ-ORTEGA, SARA 6039 COLLINS AVE #1425 MIAMI BEACH, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KOHLI, CALVIN 6039 COLLINS AVENUE #929 MIAMI BEACH, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TERRINONI, ARLENE 6039 COLLINS AVE. #1607 MIAMI BEACH, FL. 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NEWMAN, BOBBI 6039 COLLINS AVENUE: # 808 MIAMI BEACH, FL. 33140	TITLE 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* **ORLANDO VELAZQUEZ** - *6/27/02* (305)865-4247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)