


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

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

05-19-2003 90216 021 \*\*\*\*66.25

**DOCUMENT # 720563**

1. Entity Name  
**MAISON GRANDE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6039 COLLINS AVE.  
MIAMI BEACH FL 33140**

Mailing Address  
**6039 COLLINS AVE.  
MIAMI BEACH FL 33140**

**44003711**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **59-1377619** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ROGEL, DAVID H ESQ  
BECKER & POLIAKOFF, P.A.  
5201 BLUE LAGOON DRIVE, #100  
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <del>VEGAZQUEZ, ORLANDO JR</del> <del>6039 COLLINS AVE, #1229</del> <del>MIAMI BEACH FL 33140</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <del>ESPOSITO, GRACE</del> <del>6039 COLLINS AVE, #1229</del> <del>MIAMI BEACH FL 33140</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>GOMEZ-ORTEGA, SARA</del> <del>6039 COLLINS AVE #1425</del> <del>MIAMI BEACH FL 33140</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <del>KOHLI, CALVIN</del> <del>6039 COLLINS AVENUE, #929</del> <del>MIAMI BEACH FL 33140</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <del>TERRINONI, ARLENE</del> <del>6039 COLLINS AVENUE, #1607</del> <del>MIAMI BEACH FL 33140</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <del>NEWMAN, BOBBI</del> <del>6039 COLLINS AVENUE, #808</del> <del>MIAMI BEACH FL 33140</del>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CALVIN KOHLI</b> <b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bobbi Newman</b> <b>6039 Collins Ave #808</b> <b>Miami Beach, FL 33140</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Miguel Arjona</b> <b>6039 Collins Ave #305</b> <b>Miami Beach FL 33140</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Edward Casas</b> <b>6039 Collins Ave #1034</b> <b>Miami Beach, FL 33140</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)