

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90322 001 ****61.25

0039721

DOCUMENT # 725424

1. Entity Name

JOHN CHARLES CONDOMINIUM ASSOCIATION INC

Principal Place of Business

Mailing Address

7646 ABBOTT AVE.
UNITE #6
MIAMI BEACH FL 33141
US7646 ABBOTT AVE
UNITE 4
MIAMI BEACH FL 33141
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1581978

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISET, CECILE
7646 ABBOTT AVENUE, UNIT 6
MIAMI BEACH FL 33141

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D FISET, CECILE 7646 ABBOTT AVE., APT. #6 MIAMI BEACH FL 33141	☐		☐
PD VALDEZ, ZENaida 7646 ABBOTT AVE #5 MIAMI BEACH FL 33140	☐		☐
PT MIGUEL RODRIGUEZ 7646 ABBOTT AVE, APT #4 MIAMI BEACH FL 33141	☐		☐
S OLIVA, ROSALIA 7646 ABBOTT AVE #1 MIAMI BEACH FL 33141	☐		☐
PT RODRIGUEZ, MIGUEL 7646 ABBOTT AVE #3 MIAMI FL 33141	☐		☐
M CATHIARD, SONIA 7646 ABBOTT AVE #2 MIAMI BEACH FL 33141	☐		☐

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:

Miguel Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Miguel Rodriguez 2-26-01 (305)865-4391

Date

Daytime Phone #

CR2E037 (10/00)