

726205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RA Change  
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2012 AUG - 8 PM 12: 24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*00789, 00721, 00671

DR  
8/8/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** La Mar Breeze Condominium Association, Inc.

Name of Corporation

**DOCUMENT NUMBER:** 726205

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Marta Bascoy**

Name of Contact Person

Universal Property Management and Consultants, Inc.

Firm/Company

**5190 NW 167th Street #104**

Address

**Miami, Florida 33014**

City/State and Zip Code

**upm@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Marta Bascoy**

Name of Contact Person

at ( **305** ) **949-0006**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2012

Marta Bascoy  
Universal Property Management  
5190 NW 167th Street #104  
Miami, FL 33014

SUBJECT: LA MAR BREEZE CONDOMINIUM, INC.  
Ref. Number: 726205

We have received your document for LA MAR BREEZE CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 912A00019824

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 31 2012

2012 AUG -8 AM 9:23

TO ACHIEVE  
SUFFICIENCY OF FILING

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: La Mar Breeze Condominium, Inc.  
2. The principal office address: 3944 NE 167th Street Miami, Florida 33160

3. The mailing address (if different): 5190 NW 167th Street, # 104 Miami, Florida 33014

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 726205

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Universal Property Management and Consultants, Inc.  
1380 NE Miami Gardens Drive #207  
Miami, Florida 33179

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AUG - 8 PM 12: 24  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Universal Property Management and Consultants Inc.  
5190 NW 167th Street # 104  
P.O. Box NOT acceptable  
Miami, Florida 33014

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Clare Rhoads  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
7/1/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Marta Bascay  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)