

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90221 045 \*\*\*\*70.00

**DOCUMENT # 727546**

1. Entity Name

**326 OCEAN DRIVE CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**326 OCEAN DRIVE  
 SUITE 1  
 MIAMI BEACH FL 33139**

**326 OCEAN DRIVE  
 SUITE 1  
 MIAMI BEACH FL 33139**

00025006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*326 Ocean Drive*

*326 Ocean Dr*

Suite, Apt. #, etc. *#1*

Suite, Apt. #, etc. *#1*

City & State  
*MIAMI BEACH FL*

City & State  
*MIAMI BEACH FL*

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip  
*33139*

Country

Zip  
*33139*

Country

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

**KRAFT ROBERT  
 326 OCEAN DR.  
 # 1  
 MIAMI BEACH FL 33139**

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 *HELEN CARR*

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jan 14 2002*

**FILE NOW: FEE IS \$61.25**

9. 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  
**DS  
 KRAFT, ROBERT  
 326 OCEAN DR. # 1  
 MIAMI BEACH FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP  
 CARR, HELEN  
 1599 IFIELD RD  
 MISSISSAUGA, ON.**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVP  
 WARSZAWSKI, DANUTA  
 31 HALIBURTON AVE  
 ETOBICOKE, ON. M9B -4Y5**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DS  
 ROZYCKI, MARIAN  
 3 TOWERING HTS BLV APT 807  
 ST CATHARINS, ON. L2T -4A4**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)