

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90165 028 ****61.25

DOCUMENT # 728042

1. Entity Name
ZURICH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 13480 NE 6TH AVE MIAMI FL 33161	Mailing Address 13480 NE 6TH AVE MIAMI FL 33161 US
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430872



DO NOT WRITE IN THIS SPACE

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 **59-2351488** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING ROAD, P.O. BOX 9057
MIAMI, FL
FT. LAUDERDALE FL 33310-6057

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME PD AFEWORKI, GHEBREHWET	<input type="checkbox"/> Delete
STREET ADDRESS 13480 NE 6TH AVE, #116	
CITY-ST-ZIP NORTH MIAMI FL	
TITLE NAME ST THOMPSON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 13480 NE 6 AVE #303	
CITY-ST-ZIP MIAMI FL	
TITLE NAME TD LAZO, LUCY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 13480 NE 6TH AVE #315	
CITY-ST-ZIP N. MIAMI FL 33161	
TITLE NAME D YVES, FRANCOIS	<input type="checkbox"/> Delete
STREET ADDRESS 13480 NE 6 AVE #303	
CITY-ST-ZIP MIAMI FL	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS Myron CARTY	
CITY-ST-ZIP 13480 NE 6th Ave #311 Mia FL 33161	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)