

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90075 001 ****61.25
 03-03-2000 90075 002 ****8.75

DOCUMENT # 729327

1. Entity Name
TAMIAMI MALL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business MA. MANEAGEMENTE SERV. 950 CORAL WAY#308 MIAMI, FL. 33155	Mailing Address AMA MANAGEMENT SERV. 6850 CORAL WAY#308 MIAMI, FL. 33155
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10378

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1602662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANICIA MORALES
 MA. MANAGEMENT SERVICE INC.
 950 CORAL WAY #308
 MIAMI, FL. 33155**

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 *Anicia Morales, Property Manager* DATE **2-16-00**

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

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 STREET ADDRESS CITY-ST-ZIP	P. ANTOLIN DEL COLLADO 8798 SW 8th st. MIAMI, FL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. FRANCISCO RODRIGUEZ 8764 SW 8th st. MIAMI, FL. 33174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC. ARTURO ACEITUNO 8792 SW 8th st. MIAMI, FL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. FRANCISCO VASALLO 8782 SW 8th st. MIAMI, FL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DONAL MAHONEY 8772 SW 8th st. MIAMI, FL.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. HENRY CASTRO 8772 SW 8th st. MIAMI, FL.	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Antolin Del Collado* **ANTOLIN DEL COLLADO** **PRESIDENT** FEB 18 2000

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (9/99)