

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90079 012 \*\*\*\*61.25

**DOCUMENT # 734987**

1. Entity Name

**APOGEE ASSOCIATION, INC.**

Principal Place of Business

**3126**  
**3126 CENTER ST.**  
**COCONUT GROVE FL 33133-4609**  
**US**

Mailing Address

**3126**  
**3126 CENTER ST**  
**COCONUT GROVE FL 33133-4609**  
**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

**59-1708976**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**CAMARA, ROSA DE LA**  
**BECKER, POZIKOFF & STREITFIELD PA**  
**6181 BLUE LAGOON DR**  
**MIAMI FL 33126**

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:**  
**SEE 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 **SD** ☐ Delete  
 NAME **BRAGA, JOSEPH**  
 STREET ADDRESS **3120 CENTER ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☒ Delete  
 NAME **ALLIGOOD, J HARVEY**  
 STREET ADDRESS **3138 CENTER ST**  
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **MOUNA SMILES**  
 STREET ADDRESS **3136 CENTER ST.**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **PD** ☒ Delete  
 NAME **GREER, BENJAMIN**  
 STREET ADDRESS **3124 CENTER ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **ALVARO ANDRES RESTREPO**  
 STREET ADDRESS **3126 CENTER ST.**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 #

**ALVARO ANDRES RESTREPO 2/21/01 305 773 8914**

CR2E037 (10/00)