

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90162 013 ****61.25

DOCUMENT # 736786

1. Entity Name

THE 3862 CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

3862 NE 171 ST.
 N. MIAMI FL 33160

3862 NE 171 ST.
 N. MIAMI FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2365390

Applied For

Not Applicable

Zip

Country

Zip

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

DONAHUE, JOHN G
3862 NE 171 ST., #D
N. MIAMI BEACH FL 33160

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	DONAHUE, JOHN G	NAME	
STREET ADDRESS	3862 NE 171ST STREET	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	SD	TITLE	SD
NAME	SHERMAN, EDNA	NAME	SUNNY RILING
STREET ADDRESS	3862 NE 171ST STREET	STREET ADDRESS	3862 NE 171 ST
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	VTD	TITLE	
NAME	RILING, ROBERT	NAME	
STREET ADDRESS	3862 NE 171 ST	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *John G. Donahue* **John G. Donahue** 2/15/02 305-945-0374
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)