

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744909

1. Entity Name

9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90046 001 ****61.25

Principal Place of Business

Mailing Address

**9124 COLLINS AVE.
 SURFSIDE FL 33154-3101**

**9124 COLLINS AVE.
 SURFSIDE FL 33154-3101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2224150

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA PORTILLA, MARIA
 3663 SW 8TH ST #205
 MIAMI FL 33135**

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

TITLE	S	<input type="checkbox"/> Delete
NAME	VIERA, LIZ	
STREET ADDRESS	9124 COLLINS AVE., APT 305	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ZAMORA, EUGENE	
STREET ADDRESS	9124 COLLINS AVE #302	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORTUNATO, JOSE	
STREET ADDRESS	9124 COLLINS AVE., APT 401	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROJAS, HUGO	
STREET ADDRESS	9124 COLLINS AVE, APT #303	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALLVE, GRACIELA	
STREET ADDRESS	9124 COLLINS AVE, APT #404	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZSIU, EUGENIA	
STREET ADDRESS	9124 COLLINS AVE, APT #202	
CITY-ST-ZIP	SURFSIDE FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASILATOS, SANDY	
STREET ADDRESS	9124 COLLINS AV. APT # 201	
CITY-ST-ZIP	SURFSIDE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOSE FORTUNATO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.20.00 305-8640243
 Date Daytime Phone #

CR2E037 (9/99)