

3/25/

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90139 028 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 744909**

1. Entity Name

**9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

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

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

25112



DO NOT WRITE IN THIS SPACE

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

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**  Delete  
NAME **VIERA, LIZ**  
STREET ADDRESS **9124 COLLINS AVE., APT 305**  
CITY-ST-ZIP **SURFSIDE FL**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **ZAMORA, EUGENE PRESIDENT**  
STREET ADDRESS **9124 COLLINS AVE. #302**  
CITY-ST-ZIP **SURFSIDE FL**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **FORTUNATO, JOSE TREASURER**  
STREET ADDRESS **9124 COLLINS AVE., APT 401**  
CITY-ST-ZIP **SURFSIDE FL**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **ROJAS, HUGO**  
STREET ADDRESS **9124 COLLINS AVE, APT #303**  
CITY-ST-ZIP **SURFSIDE FL**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **O**  Delete  
NAME **VALLVE, GRACIELO VICE-PRESIDENT**  
STREET ADDRESS **9124 COLLINS AVE, APT #404**  
CITY-ST-ZIP **SURFSIDE FL**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **BRSNICK, EUGENIA SECRETARY**  
STREET ADDRESS **9124 COLLINS AVE, APT #202**  
CITY-ST-ZIP **SURFSIDE FL**

Change  Addition  
TITLE  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J.M. FORTUNATO, SECRETARY 3/10/02**  
305-8640243 Date Daytime Phone #

CFR2037 (9/01)