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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751019** (1)
1. Corporation Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7327 BYRON AVE
MIAMI BCH FL 33141

7327 BYRON AVE
MIAMI BCH FL 33141
US

3. Date Incorporated or Qualified

02/13/1980

4. FEI Number

65-0666997

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **7325 7327**

26 **7327 BYRON AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MIAMI BEACH, FL.**

27 **MIAMI BEACH, FL.**

City & State

City & State

23 **33141**

28 **MIAMI BEACH, FL.**

Zip

Zip

Country

Country

24 **U.S.A**

29 **33141**

30 **U.S.A**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

URIBE, CONSUELO
7327 BYRON AVE #3
MIAMI BEACH FL 33141

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

CONSUELO URIBE

C. Uribe

1/12/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
URIBE, CONSUELO
7327 BYRON AVE #3
MIAMI BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **PRESIDENT ^{SD}**

1.3 STREET ADDRESS **MELIDA DELA PAZ**

1.4 CITY-ST-ZIP **7325 BYRON AVE #2 M. BEACH FL 33141**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SARDINAS, JUAN
835 84TH ST
MIAMI BEACH FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **TREASURER ^{TD}**

2.3 STREET ADDRESS **FELIPE DELA PAZ**

2.4 CITY-ST-ZIP **7325 BYRON AVE #2 M. BEACH FL 33141**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
REYES, FELIX
7327 BYRON AVE., APT. 4
MIAMI BEACH FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **SECRETARY ^{TD}**

3.3 STREET ADDRESS **CONSUELO URIBE**

3.4 CITY-ST-ZIP **7327 BYRON AVE #3 M. BEACH FL 33141**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CONSUELO URIBE

1/12/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)