

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751019

1. Entity Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90026 031 ****61.25

Principal Place of Business

Mailing Address

7325-7327 BYRON AVE.
MIAMI BCH FL 33141
US

7327 BYRON AVENUE
MIAMI BCH FL 33141-2646
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0666997

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

DE LA PAZ, FELIPE
7325 BYRON AVE., APT 2
MIAMI BEACH FL 33141

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 PD ☐ Delete
NAME DE LA PAZ, MELIDA
STREET ADDRESS 7325 BYRON AVE. #2
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE PD ☐ Change ☐ Addition
NAME MELIDA DE LA PAZ
STREET ADDRESS 7325 BYRON AVE #2
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE TD ☐ Delete
NAME DE LA PAZ, FELIPE
STREET ADDRESS 7325 BYRON AVE #2
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE TD ☐ Change ☐ Addition
NAME FELIPE DE LA PAZ
STREET ADDRESS 7325 BYRON AVE #2
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE SD ☐ Delete
NAME URIBE, CONSUELO
STREET ADDRESS 7327 BYRON AVE #3
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE SD ☐ Change ☐ Addition
NAME CONSUELO URIBE
STREET ADDRESS 7327 BYRON AVE #3
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CONSUELO URIBE 2/19/00 305.864346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)