

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90034 024 *****61.25

DOCUMENT # 751019

1. Entity Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7325-7327 BYRON AVE.
MIAMI BCH FL 33141
US

Mailing Address

7327 BYRON AVENUE
MIAMI BCH FL 33141
US

2. Principal Place of Business

MIAMI BEACH

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

FL

4. FEI Number

65-0666997

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LA PAZ, MELIDA	
STREET ADDRESS	7325 BYRON AVE. #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE LA PAZ, FELIPE	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	URIBE, CONSUELO	
STREET ADDRESS	7327 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA PAZ, MELIDA	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA PAZ, FELIPE	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URIBE, CONSUELO	
STREET ADDRESS	7327 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Felipe de la Paz
FELIPE DE LA PAZ

Date

Daytime Phone #

4-13-2001

CR2E037 (10/00)