

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90280 028 ****61.25

DOCUMENT # 751019

1. Entity Name
BEN-MOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**7327 BYRON AVENUE
MIAMI BEACH FL 33141
US**

Mailing Address

**7327 BYRON AVENUE
MIAMI BEACH FL 33141
US**

11032423



2. Principal Place of Business

**7327 BYRON AVE
Suite, Apt. #, etc.
MIAMI BEACH**

3. Mailing Address

**SAME
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

FLA.

City & State

4. FEI Number **65-0666997**

Applied For

Not Applicable

Zip

33141

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**URIBE, CONSUELO
7327 BYRON AVE.
APT 3
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **TD** ☐ Delete
NAME **SARDINA, JUAN**
STREET ADDRESS **7325 BYRON AVE #6**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD** ☐ Delete
NAME **SEREBRENIK, OSCAR**
STREET ADDRESS **1816 CLEVELAND ROAD**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

CR2E037 (10/02)