2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 11, 2000 8:00 am
Secretary of State
02-15-2000 90014 037 ****61.25

DOCUMENT # 752380

1. Entity Name

1245 WEST AVENUE CONDOMINIUM ASSOCIA[redacted], INC.

Principal Place of Business	Mailing Address
1245 WEST AVE., APT. 501 MIAMI BEACH FL 33139	1245 WEST AVE. MIAMI BEACH FL 33139-4379

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 557967
City & State	City & State MIAMI, FL
Zip / Country	Zip 33255 Country USA

4. FEI Number 59-2066265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, MARINA
1245 WEST AVE., APT 501
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name SY-10 Enterprises CORP
Street Address (P.O. Box Number is Not Acceptable) 130 Madeira Ave.
City CORAL GABLES FL Zip Code 33134

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] 4/2/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ, MARINA 1245 WEST AVE #501 MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KORNFELD, LEON 1245 W AVENUE APT D402 MIAMI BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALINA GOROKHOYSKY 1245 WEST AVE. APT. 303 MIAMI BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUES, MIGUEL 1245 W AVENUE #202 MIAMI BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUAREZ, MARINA 1245 WEST AVE, APT 503 MIAMI BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, LILIAN 1245 WEST AVE APT 504 MIAMI BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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] 2/8/00 3054460333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #