

FILED
Aug 31, 2001 8:00 am
Secretary of State

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752380
 Entity Name
1245 WEST AVENUE CONDOMINIUM ASSOCIATION, INC.

01-24-2001 90033 030 ****70.00
 07-25-2001 90040 014 ****70.00

Principal Place of Business Mailing Address
 1245 WEST AVE., APT-301 C/O SY-LO ENT. CORP
 MIAMI BEACH FL 33139 PO BOX 337567
 MIAMI FL 33255

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 014059 (P.O. BOX)
 Suite, Apt. #, etc.

City & State City & State
 Miami FL Miami FL
 Zip Country Zip Country
 33102 USA 33139 USA

6. Name and Address of Current Registered Agent
 SY-LO ENTERPRISE CORP.
 130 MADER AVE
 MIAMI FL 33134

7. Name and Address of New Registered Agent
 Name BOND, GARY
 Street Address (P.O. Box Number is Not Acceptable) 1245 WEST AVE #502
 City MIAMI BEACH FL Zip Code 33139

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 *Gary Bond* DATE July 11, 2001
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$238.25
 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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOND, GARY - President 1245 West Ave # 502 MIAMI BEACH FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES, MIGUEL 1245 W AVENUE #202 MIAMI BCH. FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE LEON, ANTONIO - Secretary 1245 WEST AVE - # 402 MIAMI BEACH FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, MARINA TREASURER 1245 WEST AVE, APT 503 MIAMI BCH. FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, MARINA - TREASURER 1245 WEST AVE # 503 MIAMI BEACH FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LIJAN 1245 WEST AVE APT 504 MIAMI BCH. FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary Bond* **REQUIRED** DATE July 11, 2001 305 674 9218
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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