2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2002 8:00 am
Secretary of State
02-15-2002 90013 035 ****70.00

DOCUMENT # 752380

1. Entity Name

1245 WEST AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1245 WEST AVE., APT. 501 MIAMI BEACH FL 33139	~~PO BOX 014059~~ ~~MIAMI FL 33102~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1918 Harrison #201
City & State	City & State Hollywood FL
Zip / Country	Zip 33020 / Country

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	7. Name and Address of New Registered Agent
BOND, GARY 1245 WEST AVE F502 MIAMI BEACH FL 33139	Name LILIAN HERNANDEZ Street Address (P.O. Box Number Is Not Acceptable) 1245 WEST AVE # 504 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 Lilian Hernandez
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	PD BOND, GARY 1245 WEST AVE #501 MIAMI BEACH FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DE LEON, ANTONIO 1245 W AVENUE #202 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SUAREZ, MARINA 1245 WEST AVE, APT 503 MIAMI BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D LILIAN HERNANDEZ 1245 WEST AVE #504 MIAMI BEACH, FL 33139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SUAREZ, MARIMA 1245 WEST AVE APT 504 MIAMI BEACH FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OMAR ZAYAS, D 1245 WEST AVE #304 MIAMI BEACH, FL 33135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Lilian Hernandez 1/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #