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

**FILED**
**Feb 19, 2003 8:00 am**
**Secretary of State**
02-19-2003 90017 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<br>MIAMI BEACH FL 33139 | 1918 HARRISON<br>HOLLYWOOD FL 33020 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 900 South Federal Hwy<br>Suite, Apt. #, etc. B |
| City & State | City & State Hollywood FL |
| Zip / Country | Zip 33020 / 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 | 7. Name and Address of New Registered Agent |
|---|---|
| HERNANDEZ, LILLIAN<br>1245 WEST AVE<br># 504<br>MIAMI BEACH FL 33139 | Name MARLENE LEON-RUBIDO, ESQ<br>Street Address (P.O. Box Number is Not Acceptable) 6780 CORAL WAY<br>City MIAMI FL Zip Code 33155 |

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 _____ Marlene Leon-Rubido 2-10-2003
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HERNANDEZ, LILLIAN<br>1245 WEST AVE # 504<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZAYAS, OMAR<br>1245 WEST AVE # 304<br>MIAMI BEACH FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SUAREZ, MARINA<br>1245 WEST AVE, APT 503<br>MIAMI BCH. FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>SUAREZ, MARIMA<br>1245 WEST AVE APT 503<br>MIAMI BEACH FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILMA ORTUÑO<br>1245 West Ave. #201<br>MIAMI BEACH, FL 33139 | ☐ 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 (10/02)

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:** Lillian Hernandez 2/Marina Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR