

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752856

1. Entity Name

THE LOFTS TOWN VILLAS CONDOMINIUM ASSOCIATION, I

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90301 042 ****61.25

Principal Place of Business POB 601593 N MIAMI BCH FL 33160 US	Mailing Address POB 601593 N MIAMI BCH FL 33160-1593 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYMAN, MICHAEL, ESQ.
HYMAN & KAPLAN, P.A.
150 WEST FLAGLER, SUITE 2701
MIAMI FL 33130

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.

SIGNATURE _____ (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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, GEORGIA	
STREET ADDRESS	1500 NE 151 ST #103	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DUPERVAL, MARIO	
STREET ADDRESS	1450 NE 151 ST #103	
CITY-ST-ZIP	N MIAMI BEACH FL 33029	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTOPHER, C	
STREET ADDRESS	1501 NE 150 ST 103	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHIN, CLAUDETTE	
STREET ADDRESS	1511 NE 151 ST #104	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRISSETT, M	
STREET ADDRESS	1511 NE 150 ST 102	
CITY-ST-ZIP	N MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, CAROL	
STREET ADDRESS	1501 NE 150 ST #103	
CITY-ST-ZIP	N MIAMI BCH. FL 33161	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, CLAUDETTE	
STREET ADDRESS	1511 NE 150 ST #104	
CITY-ST-ZIP	N MIAMI BCH FL 33161	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, HIPOLITA	
STREET ADDRESS	1481 NE 150 ST #103	
CITY-ST-ZIP	N MIAMI BCH. FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: GEORGIA THOMAS 4/27/00 (305) 949-5778
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)