

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

0044737

DOCUMENT # 755895

1. Entity Name

TAMIAIR WAREHOUSES CONDOMINIUM ASSOCIATION, INC.

02-20-2001 90009 001 ****61.25

Principal Place of Business

Mailing Address

% THE FOSTER COMPANY
 P.O. BOX 565820
 PINECREST FL 33256-5820

% THE FOSTER COMPANY
 P.O. BOX 565820
 PINECREST FL 33256-5820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1387466

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRIAI, CARLOS
999 PONCE DE LEON BLVD.
SUITE 110
CORAL GABLES FL 33146

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 _____

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 PD Delete
 NAME KURTZ, MICHAEL
 STREET ADDRESS 14059 SW 142ND ST
 CITY-ST-ZIP MIAMI FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME DAHLSTROM, CHARLES
 STREET ADDRESS 11560 S.W. 91ST TERRACE
 CITY-ST-ZIP MIAMI FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME LAZARUS, RICHARD
 STREET ADDRESS 1501 E 10TH AVE
 CITY-ST-ZIP HIALEAH FL 33010

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME KURTZ, MARCY
 STREET ADDRESS 14059 S.W. 142 STREET
 CITY-ST-ZIP MIAMI FL 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME YEAGER, F M
 STREET ADDRESS 10431 SW 50 TERRACE
 CITY-ST-ZIP MIAMI FL 33165

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

305-254-7228

Daytime Phone #

CR2E037 (10/00)