


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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90064 029 ****61.25

DOCUMENT # 755895

1. Entity Name
TAMIAIR WAREHOUSES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

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


2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00000476



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1387466** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KURTZ, MICHAEL	
STREET ADDRESS	14059 SW 142ND ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAHLSTROM, CHARLES	
STREET ADDRESS	11560 S.W. 91ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAZARUS, RICHARD	
STREET ADDRESS	1501 E 10TH AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KURTZ, MARCY	
STREET ADDRESS	14059 S.W. 142 STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEAGER, F M	
STREET ADDRESS	10431 SW 50 TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: *Michael J. Kurtz* **Michael J. Kurtz, President 2/5/03 305 253-4092**

CR2E037 (10/02)