

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90081 020 ****61.25

DOCUMENT # 757110

1. Entity Name

TAMIAIR INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**14055 SOUTHWEST 142ND AVE., UNIT 16
MIAMI FL 33186-6739**

Mailing Address

**14055 SOUTHWEST 142ND AVE UNIT 40
MIAMI FL 33186-6739**

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

59-2106285

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

**SMITH, GLEN E.
7357 WEST FLAGLER STREET
MIAMI FL 33144**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARANGI, LEON T JR
10861 SW 108TH ST
MIAMI FL 33176** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ELALOUF, VICTOR
15560 SW 111 TERRACE
MIAMI FL 33196** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AUERREUERE, CHRISTINA
10010 HAMMOCKS BLVD # 205
MIAMI FL 33196** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
THOMPSON, PAUL A
1550 SW 57TH ST
MIAMI FL 33193** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Lee, Robert W.
13360 S.W. 99 Terr
Miami, FL 33186** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, ROBERT W
13360 SW 99 TERR
MIAMI FL 33186** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Gregor Feldman
14055 S.W. 142 Ave #10
Miami, FL 33186** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMOS, MARGARITA
9321 SW 104 AVE
MIAMI FL 33176** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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**Leon T Carangi JR 2-20-02 (305) 233-7222**
Date Daytime Phone #

CR2E037 (9/01)