

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # 758280

1. Entity Name

CONDOMINIUM "B" ASSOCIATION AT MEDITERRANEA, INC

FILED
May 22, 2000 8:00 am
Secretary of State

04-21-2000 90018 027 ****61.25

Principal Place of Business 323 IVES DAIRY RD 12 MIAMI FL 33179 US	Mailing Address 323 IVES DAIRY RD 12 MIAMI FL 33179-3348 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2144951	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EISINGER, DENNIS J ESQ
 PHILLIPS, EISINGER & KOSS, P.A.
 4000 HOLLYWOOD BLVD #265-S
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name: **Joseph R. Colletti, Esq.**
 Street Address (P.O. Box Number is Not Acceptable): **3550 Biscayne Boulevard**
 Suite: **610**
 City: **Miami, Florida** FL Zip Code: **33137**

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]* DATE: **4/10/00**

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PEIXOTO, ROGER 337-9 IVES DAIRY ROAD MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WV ACOSTA, RICHARD 337-7 IVES DAIRY RD MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALTZMAN, YUSTY 337-4 IVES DAIRY RD MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNA, INGRID 323-07 IVES DAIRY ROAD MIAMI FL 33129 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LARA BODNE 337-9 IVES DAIRY RD. MIAMI, FL. 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** Date: **March 21, 2000 (305) 658-1568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/98)