

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90142 049 ****61.25

DOCUMENT # **758280**

1. Entity Name
CONDOMINIUM "B" ASSOCIATION AT MEDITERRANEA, INC



Principal Place of Business
**323 IVES DAIRY RD
12
MIAMI FL 33179
US**

Mailing Address
**323 IVES DAIRY RD
12
MIAMI FL 33179
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2144951**

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
**COLLETTI, JOSEPH R
3550 BISCAYNE BLVD
STE 610
MIAMI FL 33137**

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
After September 10, 2003; min will be \$236.25**

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	SD	<input checked="" type="checkbox"/> Delete
NAME	BOONE, LARA	
STREET ADDRESS	337-9 IVES DAIRY RD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ACOSTA, RICHARD	
STREET ADDRESS	337-7 IVES DAIRY RD	SAME
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AREVALO, LUIS	
STREET ADDRESS	323-8 IVES DAIRY RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANNA, INGRID	
STREET ADDRESS	323-07 IVES DAIRY ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	LUIS ROSSI	
STREET ADDRESS	323-6 IVES DAIRY RD.	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBERLY SOLANO	
STREET ADDRESS	337-2 IVES DAIRY RD.	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AREVALO, LUIS	
STREET ADDRESS	323-10 IVES DAIRY RD.	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNA, INGRID	
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
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: Ingrid Manna INGRID MANNA 7/10/03 305-653-1368

CR2E037 (4/03)