

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758370

1. Entity Name

TAMIAIR PARK CONDOMINIUM NO. 1 CONDOMINIUM ASSOC

Principal Place of Business

13824 SOUTHWEST 142 AVENUE
MIAMI FL 33186
US

Mailing Address

13840 SW 142 AVE
MIAMI FL 33186
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCKAY, CHARLES
9245 S.W. 157 STREET #103
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

MARIANELLA VILLA

Street Address (P.O. Box Number is Not Acceptable)

13840 SW 142 AV

City

MIAMI, FL

FL

Zip Code

33186

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

4/17/01

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 PD ☐ Delete
NAME MCKAY, CHARLES
STREET ADDRESS 9245 S.W. 157 ST. #103
CITY-ST-ZIP MIAMI FL 33157

TITLE VD ☐ Delete
NAME VILLA, MARIANELA
STREET ADDRESS 13838 SOUTHWEST 142 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete
NAME VILLA, JORGE
STREET ADDRESS 13836 SW 142 AVE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 (305) 233-6699

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90291 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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