


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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90048 043 ****61.25

DOCUMENT # 759539

1. Entity Name
TAMAIR INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**10021 SW 125 AVE
MIAMI FL 33186
US** **10021 SW 125 AVE
MIAMI FL 33186
US**

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 **59-2814189** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SORK, BERNARD
10021 SW 125 AVE
MIAMI FL 33186**

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SORK, BERNARD
STREET ADDRESS	10021 SW 125 AVE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> Delete
NAME	STOLZENBERG, GLENN
STREET ADDRESS	3917 OSPREY CT
CITY-ST-ZIP	WESTON FL 33331
TITLE	STD <input type="checkbox"/> Delete
NAME	WIROSEMTO, ERNO
STREET ADDRESS	15273 SW NE AVE
CITY-ST-ZIP	MIAMI FL 33177
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLZENBERG, GLENN
STREET ADDRESS	3917 OSPREY CT
CITY-ST-ZIP	WESTON, FL. 33331
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIROSEMTO, ERNO
STREET ADDRESS	15273 SW NE AVE
CITY-ST-ZIP	MIAMI, FL. 33177
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
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: *Bernard Sork* **REQUIREMENTS SORK 3/10/03 (305) 596-5421**

CR2E037 (10/02)