

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90077 031 ****70.00

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DOCUMENT # 762469

1. Entity Name

CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2585 NW 74 AVE
 MIAMI FL 33122

2585 NW 74 AVE
 MIAMI FL 33122

c/o ~~Courtesy Property~~
 2. Principal Place of Business
 Management

c/o ~~Courtesy Property~~
 3. Mailing Address
 Management

Suite, Apt. #, etc.
 13250 SW 135 Ave.

Suite, Apt. #, etc.
 13250 SW 135 Ave.

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number

59-2205863

Applied For

Not Applicable

Zip
 33186

Country
 us

Zip
 33186

Country
 US

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

PAYNE, MARGARET
 2573 N.W. 74TH AVE.
 MIAMI FL 33122

Name
 SKRLD

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

201 Alhambra Circle
 Coral Gables, FL 33186

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAMATEGES, ROBERTO 2557 N.W. 74TH AVENUE MIAMI FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINS, ADELINO 2557 NW 74 AVE MIAMI FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELRIO PEREZ, LAURA 2585 NW 74 AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, MARGARET 2573 NW 74TH AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, NESTOR 2573 NW 74TH AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTII, MYRA 2541 NW 74 AVE MIAMI FL 33122	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACHL, JOHN 2525 N.W. 74 Ave. Miami, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MIRANDA, NESTOR 2533 N.W. 74 Ave. Miami, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KWEICK, PETER 2577 N.W. 74 Ave. Miami, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, ADELINO 2557 N.W. 74 Ave. Miami, Fla. 33122	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (305) 254-3888

CR2E037 (10/00)