

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90222 011 ****70.00

DOCUMENT # 762469

1. Entity Name

CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**% COURTESY PROPERTY
13250 SW 135 AVE
MIAMI FL 33186
US**

Mailing Address

**% COURTESY PROPERTY
13250 SW 135 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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2205863**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD
201 ALHAMBRA CIRCLE
CORAL GABLES 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

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

(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** ☐ Delete
NAME **STACHL, JOHN L**
STREET ADDRESS **2557 N.W. 74TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **D** ☐ Delete
NAME **NESTOR, MIRANDA**
STREET ADDRESS **2533 N.W. 74 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **SD** ☐ Delete
NAME **DELRIO PEREZ, LAURA**
STREET ADDRESS **2585 NW 74 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **TD** ☐ Delete
NAME **KWEICK, PETER**
STREET ADDRESS **2577 N.W. 74 AVE.**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **D** ☐ Delete
NAME **PICININI, ANGELA**
STREET ADDRESS **2573 NW 74 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VPD** ☐ Delete
NAME **SANTTI, MYRA**
STREET ADDRESS **2541 NW 74 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Stachl, John**
STREET ADDRESS **2525 NW 74th Avenue**
CITY-ST-ZIP **Miami, FL 33122**

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

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Kmeick, Peter**
STREET ADDRESS **2577 NW 74th Avenue**
CITY-ST-ZIP **Miami, FL 33122**

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **Santti, Mayra**
STREET ADDRESS **2541 NW 74th Avenue**
CITY-ST-ZIP **Miami, FL 33122**

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:

SKRLD STACHL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 15/03 (305) 725-7034.
Date Daytime Phone #

CR2E037 (10/02)