

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90061 038 ****61.25

DOCUMENT # 762960

1. Entity Name

COMMERCIAL CENTER OF MIAMI MASTER ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

6157 NW 167 STREET
 F21
 HIALEAH FL 33015
 US

~~P.O. BOX 3000~~
~~HIALEAH FL 33015~~

2. Principal Place of Business

3. Mailing Address

6101 NW 167 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip
33015

Country

4. FEI Number

65-0263110

Applied For

Not Applicable

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

FRANKLIN, CARL
6157 NW 167 ST
F 21
MIAMI FL 33015

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
PD
DIMITRI, BENEDETTO
 STREET ADDRESS **6065 NW 167 ST B11**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE NAME Change Addition
D
MICHAEL JOHNSON
 STREET ADDRESS **6187 NW 167 ST, H16**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE NAME Delete
D
AUERBACH, PETER
 STREET ADDRESS **6157 NW 167TH ST F 20**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE NAME Change Addition

TITLE NAME Delete
ST
EDELSTEIN, ROBERT
 STREET ADDRESS **6043 NW 167TH ST A 26**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENEDETTO DIMITRI
PRESIDENT 3/14/02 305-827-7000
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)