

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90044 008 \*\*\*\*61.25

**DOCUMENT # 771220**

1. Entity Name

**3413-3415 CONDOMINIUM ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**C/O JOSEFINA REDONDO**  
**3413 SW 26 ST**  
**MIAMI FL 33133**

**C/O JOSEFINA REDONDO**  
**3413 SW 26 ST**  
**MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

**3413 SW 26 ST**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip **33133**

Country **DADE**

6. Name and Address of Current Registered Agent

**REDONDO, JOSEFINA**  
**3413 SW 26 ST**  
**MIAMI FL 33133**

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

TITLE **SD** ☐ Delete  
 NAME **REDONDO, JOSEFINA**  
 STREET ADDRESS **3413 SW 26 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ Delete  
 NAME **MILLER, OFELIA**  
 STREET ADDRESS **3415 SW 26 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete  
 NAME **REDONDO, JOSEFINA**  
 STREET ADDRESS **3413 SW 26 ST**  
 CITY-ST-ZIP **MIAMI FL**

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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TITLE ☐ Change ☐ Addition  
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 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 **Josefina Redondo (JOSEFINA REDONDO)** **4/01/2002** **305 4436981**

CR2E037 (9/01)