

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90009 021 ****61.25

DOCUMENT # N00000002498

1. Entity Name

MISTY GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3282 MATILDA STREET
 MIAMI FL 33133**

**3282 MATILDA STREET
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

2841 Day Ave
 Suite, Apt. #, etc.

2841 Day Ave
 Suite, Apt. #, etc.

Miami, FL

Miami, FL

Miami, FL

Miami, FL

33133 **FL**

33133 **FL**

33133 **FL**

33133 **FL**

4. FEI Number

65-1065405

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

**ZIMELMAN, ERIC
 2815 DAY AVENUE
 MIAMI FL 33133**

Name **Eric Zimelman**

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

2841 Day Ave

City **Miami**

FL

Zip Code **33133**

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

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 **PD** ☐ Delete
 NAME **ZIMELMAN, ERIC**
 STREET ADDRESS **2815 DAY AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PD** ☒ Change ☒ Addition
 NAME **Zimelman Eric**
 STREET ADDRESS **2841 Day Ave**
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **SD** ☐ Delete
 NAME **ZIMELMAN, NICOLE**
 STREET ADDRESS **2815 DAY AVENUE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Zimelman Nicole**
 STREET ADDRESS **2841 Day Ave**
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **VD** ☒ Delete
 NAME **DIAZ, RENE**
 STREET ADDRESS **3282 MATILDA STREET**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Lopez, Emilio**
 STREET ADDRESS **2843 Day Ave**
 CITY-ST-ZIP **Miami FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 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:

SIGNATURE REQUIRED

4/26/01

305 445-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)