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

## DOCUMENT # N0000003842

1. Entity Name

## MIAMI BEACH CONDOMINIUM AND HOMEOWNERS ALLIANCE, INC.

04-10-2003 90168 035 \*\*\*\*70.00

**FILED** 

Apr 10, 2003 8:00 am Secretary of State

Principal Place of Business 300-71 ST STREET SHITE #405

Mailing Address 300-71ST STREET SUITE #406

MIAMI BEACH FL 33141			MIAMI BEACH FL 33141					1881) 1881) 1881 (1881)	11 11 11 11 11 11 11		A 1801 1801	
2. Principal Place of Business			3. Mailing Address								A MAN HADI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-1026835 Applied For Not Applicate				
Zip Country			Zij	р	intry		5. Certificate of Status Desired \$8.75 Addition Fee Required			tional		
<del>-</del> -	and Address of Current I		وتحتر مجد عرو		-7Name and Addre	ess of New Reg	istered Age	nt				
JONAS, DANIEL E 300-71ST STREET SUITE #405						Name Street Addr	ess (F	P.O. Box Number is No	ot Acceptable)			
MIAMI BE	ACH FL 33	141			City	City FL Zip Code						
	ions of regist	v submits this statement for ered agent.	the purp	ose of changing its	registere	ed office or reg	gistere	ed agent, or both, in th	ne State of Florid	a. I am fami	liar with, a	nd accept
		or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registere	d Agent signature re	equired	when reinstating)		DATE		
FILE NOW: FEE IS \$61.25				9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		Check Partme			
10. OFFICERS AND DIR				ECTORS 11.			Δ	DDITIONS/CHANGE	S TO OFFICERS	AND DIREC	TORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ONALD INS AVE. APT. 6D ICH FL 33140		□ Delete		l l				· ·	Change	Addition
ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D HELLMAN, 465 OCEA	SHEILA		☐ Delete			-	·	<u></u>		Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	5750 COLI	JOSEPH JNS AVE. APT. 16G ICH FL 33140		☐ Delete	1				_	~ <u>~~</u>	Change 	☐ Addition
TITLE Name Street address City-St-Zip				Delete							Change	Addition
TITLE Name Street address City-St-Zip				☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS			v	☐ Defete		B.					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: