

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

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 021 ****61.25

DOCUMENT # N00000008401

1. Entity Name

Ives Dairy Condo Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Atlantic Biologicals

Suite, Apt. #, etc.
20101 N. E. 16th Place

City & State
Miami, FL

Zip
33179

Country
USA

3. Mailing Address
c/o Atlantic Biologicals

Suite, Apt. #, etc.
20101 N. E. 16th Place

City & State
Miami, FL

Zip
33179

Country
USA

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4. FEI Number 65-1083824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Angelo, Barry & Boldt, P.A.

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

515 Los Olas Boulevard, Suite 850

City Ft. Lauderdale

FL

Zip Code
33301

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

7/11/03

FEE IS \$61.25

Initial or Amended UBR

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	NAME	STREET ADDRESS	CITY-ST-ZIP
Director and President	Karen Moody	20101 N. E. 16th Place	Miami, FL 33179
Director and Secretary	Michael Correa	20101 N. E. 16th Place	Miami, FL 33179

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/03 (305) 690-4233

CR2E037B (12/02)