

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90180 047 ****61.25

DOCUMENT # NO1000003393

1. Entity Name

ANTILLA PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**45 ANTILLA PLACE
CORAL GABLES FL 33134**

Mailing Address

**45 ANTILLA PLACE
CORAL GABLES FL 33134**

10028404

2. Principal Place of Business

45 Antilla Avenue

3. Mailing Address

45 Antilla Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1109609**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONTRERAS, GILBERT A ESQ.
MANICK, ROSENBERG & CONTRERAS LLP
255 ALHAMBRA CIRCLE, SUITE 425
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **SCHWANK-HASBANI, VALERIE**

Street Address (P.O. Box Number is Not Acceptable) **45 ANTILLA AVE #3C**

City **CORAL GABLES**

FL

Zip Code **33134**

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

Valerie Schwank Hasbani Valerie Schwank Hasbani 2/20/03

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **SCHANK-HASBANI, VALERIE**
STREET ADDRESS **45 ANTILLA PLACE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TD** ☒ Delete
NAME **SANCHEZ, MILAGROS A**
STREET ADDRESS **45 ANTILLA PLACE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete
NAME **MILITELLO, ELSA**
STREET ADDRESS **45 ANTILLA PLACE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPD** ☐ Delete
NAME **BELL, DARRYL**
STREET ADDRESS **45 ANTILLA AVENUE #1J**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 **SCHWANK-HASBANI, VALERIE**
STREET ADDRESS **45 ANTILLA AVENUE #3C**
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **RIVERO, ROSA**
STREET ADDRESS **45 ANTILLA AVENUE #2L**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **45 Antilla Avenue #2K**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **45 Antilla Avenue, # 1J**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Rosa Rivero ROSA RIVERO 2/20/03 305-4433538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)