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

Mailing Address

## DOCUMENT # N0100003864

Principal Place of Business

MATILDA-3000 CONDOMINIUM ASSOCIATION, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90183 036 \*\*\*\*61.25



STE 200 848 BRICKELL AVE MIAMI FL 33131			STE 200 848 BRICKELL AVE MIAMI FL 33131								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					_			
								☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number	65-1114233	<b>⊢</b>	pplied For ot Applicable	
Zip	Zip Country		Ziţ	Zip		ntry	5. Certificate of	Status Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						-Name-					
BERK, ARTHUR J						Street Address (P.O. Box Number is Not Acceptable)					
848 BRICKELL AVE STE 200 MIAMI FL 33131											
						City		<u></u>	Zip Cod	ie	
8. The above	e named entity	submits this statement for	or the purp	ose of changing its r	egistere	d office or re	gistered agent, or both, i			and accept	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
						<del></del>					
	FILE NOW	: FEE IS \$61.25		9. Election Campa Trust Fund Con			<b>\$5.00</b> May Be Added to Fees				
10.		OFFICERS AND DIF	RECTORS	ECTORS 11.			ADDITIONS/CHAN	L ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D Delete			☐ Delete	TITLE		☐ Change			Addition	
NAME STREET ADDRESS	JUAN, OLIVIA BESS   3152 MATILDA ST				NAME						
CITY-ST-ZIP						T ADDRESS ST- ZIP					
TITLE	D			□ Delete	TITLE			□ C		Addition (	
NAME	JUAN, MIGUEL				NAME				onungo		
STREET ADDRESS	3152 MATI					TADDRESS				J	
CITY-ST-ZIP	D MIAMI FL	33133	<del>- ```</del>		1	ST-ZIP		چن سنستخوم ورسمین این ا	-		
TITLE NAME	1 -	IRISTIANE S		☐ Delete	TITLE	!			☐ Change	Addition	
STREET ADDRESS	3150 MATI				NAME	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 3				CITY-9						
TITLE	D		"	☐ Delete	TITLE			, <u>, , , , , , , , , , , , , , , , , , </u>	☐ Change	☐ Addition	
NAME	BERK, ART	HUR J			NAME				□ Change	Addition	
STREET ADDRESS	STE 200 848 BRICKELL AVE			STREET	ADDRESS				Ì		
CITY-ST-ZIP	MIAMI FL 3	13331			CITY-S	ST-ZIP					
TITLE				☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS					NAME						
CITY-ST-ZIP					STREET CITY-S	ADDRESS			-		
TITLE				□ Dalet-		- ZIF	<del></del>	<u></u>			
IAME				☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	<u></u>				CITY-S	I					

12. I hereby certify that the information supplied with this filling 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 expert 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:

217103 (305)358-2050