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FILED
May 14, 2002 8:00 am
Secretary of State

04-03-2002 90492 049 ****50.00

05-14-2002 90044 040 ****11.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005485

1. Entity Name

ILONA BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2545 BAY AVE.
 SUNSET ISLAND #2
 MIAMI BEACH FL 33140

Mailing Address

2545 BAY AVE.
 SUNSET ISLAND #2
 MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650944675

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

KUBIT, DONALD E ESQ
 100 SE-2ND STREET 17TH FLOOR
 MIAMI FL 33131

Name

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

City

FL

Zip Code

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

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MATTLI, ILONA
 CITY-ST-ZIP 2545 BAY AVENUE, SUNSET ISLAND #2
 MIAMI BEACH FL 33140

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MATTLI, MONIKA
 CITY-ST-ZIP 2700 BAY AVENUE, SUNSET ISLAND #2
 MIAMI BEACH FL 33140

TITLE ☐ Delete
 NAME D
 STREET ADDRESS OPPENHEIM, CHAD
 CITY-ST-ZIP 2545 BAY AVENUE, SUNSET ISLAND #2
 MIAMI BEACH FL 33140

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

Ilona Mattli EQUILONA MATTLI 03.22.02 3055316512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)