

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90192 042 ****61.25

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

DOCUMENT # N02000004248		
1. Entity Name TRIBECA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 934 16TH STREET, #6 MIAMI BEACH, FL 33139		Mailing Address 934 16TH STREET, #6 MIAMI BEACH, FL 33139
2. Principal Place of Business 1500 Michigan Ave. Suite, Apt. #, etc. #6		3. Mailing Address 1500 Michigan Ave. Suite, Apt. #, etc. #6
City & State Miami Beach, FL		City & State Miami Beach, FL
Zip 33139		Zip 33139
Country Miami-Dade		Country Miami-Dade
4. FEI Number 11-3644536		Applied For Not Applicable
Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
5. Name and Address of Current Registered Agent BROWN, GARY L C/O PHILLIPS, EISINGER, KOSS & BROWN, P.A. 4000 HOLLYWOOD BLVD., SUITE 265 SOUTH HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Andrea Greenwald</i> DATE 3.19.03 Signature of the registered agent or the person authorized to execute this report (Required when changing agent)		
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	GREENWALD, ANDREA	
STREET ADDRESS	934 16TH STREET, #6	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	☐ Delete
NAME	GREENWALD, ALLEN R	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 781	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	VD	☐ Delete
NAME	GREENWALD, SCOTT A	
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY SUITE 781	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
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
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: <i>Andrea Greenwald</i> DATE 3.19.03 (305) 604 6005 Signature and typed or printed name of signing officer or director		