


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90003 031 \*\*\*\*61.25

<b>DOCUMENT # N09583</b>					
1. Entity Name SOUTH MIAMI BUSINESS CENTER SEC. THREE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7100 SW 47TH STREET 71L04 SW 47 ST. MIAMI, FL 33155 US			Mailing Address 8602 SW 102 STREET MIAMI, FL 33156 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STEVERDING, PATRICIA 8602 SW 102 ST MIAMI, FL 33156				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	BORIS ZEDAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCURIA, MARIA			NAME	
STREET ADDRESS	7140 SW 47TH ST.			STREET ADDRESS	7132 SW 47 ST
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	STEVERDING, JOHN			NAME	
STREET ADDRESS	8602 SW 102 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156			CITY-ST-ZIP	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	MARK WORESDALE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCURIA, ARMANDO			NAME	
STREET ADDRESS	7140 SW 47 ST.			STREET ADDRESS	7104 SW 47 ST
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	MIAMI, FL 33155
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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>John L. Steverding</i>			TREASURER		305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JOHN L. STEVERDING		271-5936
			Date		9-1-04
					Daytime Phone #

20207050



09012004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0007164 Applied For Not Applicable

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

**FL**

**Filing Fee is \$61.25 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

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CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	MARK WORESDALE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *John L. Steverding* TREASURER  
 JOHN L. STEVERDING 9-1-04 305 271-5936  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #