

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90142 039 ***150.00

DOCUMENT # N11000004269
 1. Entity Name
7711 DICKENS AVE., CONDOMINIUM, INC.

Principal Place of Business 7711 DICKENS AVE 2 MIAMI BEACH FL 33141 US	Mailing Address 7711 DICKENS AVE. #2 APT 2 MIAMI BEACH FL 33141-2028 US
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2. Principal Place of Business <i>7711 Dickens ave</i>	3. Mailing Address <i>P Modia David</i>
Suite, Apt. #, etc. <i># 2</i>	Suite, Apt. #, etc. <i>7711 Dickens ave #2</i>
City & State <i>MB.</i>	City & State <i>MB Florida</i>

Zip <i>33141</i>	Country <i>USA</i>	Zip <i>3314</i>	Country <i>USA</i>
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4. FEI Number **12-6440571** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RODRIGUEZ, VICTOR
7711 DICKENS AVE. #2
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent *17999*

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODIA, DAVID 7711 DICKENS AVE #2 MIAMI BCH. FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEJESUS, GIL MANGNO 7711 DICKENS AVE #3 MIAMI BCH. FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>RODRIGUEZ VICTOR</i> <i>7711 Dickens ave #3</i> <i>MB. 33141</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IBOLYA, FILEP K. 7711 DICKENS AVE #B 4 MIAMI BEACH FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *David Modia* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)