

2003 CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90122 049 ***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
US

2. Principal Place of Business

7711 DICKENS AVE

3. Mailing Address

33141 MIAMI-BEACH FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 4

City & State
33141 MIAMI BEACH

City & State
FLORIDA

Zip
33141

Country
U.S.A.

Zip
33141

Country
U.S.A.

4. FEI Number 12-6440571

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THEY IBOLYA FILED K~~
7711 DICKENS AV 4
MIAMI BEACH FL 33141

Name YBOLYA FILED K.

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

7711 DICKENS AVE

City MIAMI-BEACH FLORIDA FL Zip Code 33141

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 Thelma Filep K
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MODIA, DAVID ☐ Delete
STREET ADDRESS 7711 DICKENS AVE #2
CITY-ST-ZIP MIAMI BCH. FL 33141

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

TITLE VPD
NAME RODRIGUES, VICTOR ☐ Delete
STREET ADDRESS 7711 DICKENS AVE #3
CITY-ST-ZIP MIAMI BCH. FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP NO ☐ Change ☐ Addition

TITLE VPD
NAME IBOLYA, FILEP-K. ☐ Delete
STREET ADDRESS 7711 DICKENS AV 4
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 607, 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Modia

Date

Daytime Phone #

CR2E034 (10/02)