

**2003 CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


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

02-12-2003 90122 049 ***150.00

UNIFORM BUSINESS REPORT

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.
APT 4

Suite, Apt. #, etc.

City & State
33141 MIAMI BEACH FLORIDA


City & State
FLORIDA

Zip
33141

Country
U.S.A.

Zip
33141

Country
U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number **12-6440571** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *Ybolya Filed K* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	VPD RODRIGUES, VICTOR 7711 DICKENS AVE #3 MIAMI BCH. FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IBOLYA, FILED K. 7711 DICKENS AV 4 MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Modia* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)