

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90046 010 ****61.25

UBR1103

DOCUMENT # N21566

1. Entity Name

MAJORCA PLAZA CONDOMINIUM 1 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**37 MAJORCA AVENUE
 CORAL GABLES FL 33134**

**37 MAJORCA AVENUE
 CORAL GABLES FL 33134**

80012291

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0082602

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALL, MARIA
 37 MAJORCA AVENUE
 CORAL FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VDAS	<input type="checkbox"/> Delete
NAME	DIRKS, PAUL	
STREET ADDRESS	37 MARJORCA AVE., #403	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	SHOBE, CAROL	
STREET ADDRESS	37 MAJORCA AVENUE., #203	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	CAPUTO, MARILYN	
STREET ADDRESS	37 MAJORCA AVENUE., #302	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marilyn Caputo, President*
 SIGNATURE REQUIRED

January 11, 2002 (305)443-1684

CR2E037 (9/01)