

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90051 016 ****70.00

DOCUMENT # N37959

1. Entity Name

THE CARRIAGE HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5401 COLLINS AVENUE
 MIAMI BEACH FL 33140**

**5401 COLLINS AVENUE
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0194650

Applied For

Not Applicable

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

**SKRLD, INC.
 ATTN: HELIO DE LA TORRE, P.A.
 201 ALHAMBRA CIRCLE, SUITE 1102
 CORAL GABLES 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 **P** ☒ Delete
 NAME **SCOTTO, THOMAS A**
 STREET ADDRESS **5401 COLLINS AVE, MANAGERS OFFICE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VPD** ☐ Delete
 NAME **FRASCARELLI, LUIS**
 STREET ADDRESS **5401 COLLINS AVE MANAGER'S OFFICE**
 CITY-ST-ZIP **MIAMI BEACH-FL 33140**

TITLE **SD** ☐ Delete
 NAME **SUAREZ, MARIA**
 STREET ADDRESS **5401 COLLINS AVE ATTN: MGR OFFICE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DT** ☒ Delete
 NAME **MOYA, REINALDO L**
 STREET ADDRESS **5401 COLLINS AVE ATT: MGR OFFICE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DAT** ☐ Delete
 NAME **FEIGENBAUM, MARTIN A**
 STREET ADDRESS **5401 COLLINS AVE ATT: MGR OFFICE**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **LUIS FRASCARELLI**
 STREET ADDRESS **5401 COLLINS AV. MANAGER'S OFFICE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **ASSISTANT TREASURER DIRECTOR** ☐ Change ☒ Addition
 NAME **HENRY SALOM**
 STREET ADDRESS **5401 COLLINS AV. MANAGERS OFFICE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **RUBIN ASHER**
 STREET ADDRESS **5401 COLLINS AV. MNGR. OFFICE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

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

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

TITLE ☐ Change ☐ 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:

[Signature]

2/15/02

CR2E037 (9/01)