

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46339

1. Entity Name

ROCKERMAN WATERWAYS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

3594 ROCKERMAN ROAD
MIAMI FL 33133
US

Mailing Address

8925 SW 148TH ST
218
MIAMI FL 33176
US

2. Principal Place of Business

3. Mailing Address

3326 Mary St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

City & State

Coconut Grove, FL

Zip

Country

Zip

Country

33133-1900

USA

4. FEI Number

65-0302354

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

LEWIS, THOMAS

3594 ROCKERMAN ROAD
MIAMI FL 33133

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MEAD, STANLEY B
3590 ROCKERMAN ROAD
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POTTER, MARLENE
3592 ROCKERMAN RD.
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, THOMAS E
3594 ROCKERMAN ROAD
MIAMI FL 33133 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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☐ 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 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 REQUIRED

Thomas E. Lewis 8/2/01 305-448-4124

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90029 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)