

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47223

1. Entity Name

MAYFAIR VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

03-15-2000 90119 022 ****61.25
 08-24-2000 90028 035 ****61.25

Principal Place of Business

3009 DAY AVE
 COCONUT GROVE FL 33133
 US

Mailing Address

3009 DAY AVE
 COCONUT GROVE FL 33133
 US

A0074474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3021 OAK AVE #10

3. Mailing Address

3021 OAK AVE

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

Coconut Grove FL 33133

City & State

Coconut Grove FL

4. FEI Number

65-0312121

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

33133

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CLEMENS, PIA
 3009 DAY AVE
 COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Robert LAVIANO

Street Address (P.O. Box Number is Not Acceptable)
 3021 OAK AVE # 6

City Coconut Grove FL Zip Code 33133

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 *R. Laviano*

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 13, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLEMENS, PIA	
STREET ADDRESS	3009 DAY AVE	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEZZATINI, FULVIO	
STREET ADDRESS	1627 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MACHADO, MARCOS	
STREET ADDRESS	2801 PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert LAVIANO	
STREET ADDRESS	3021 OAK AVE # 6	
CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christy BRUSH	
STREET ADDRESS	3021 OAK AVE # 9	
CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda Holliday	
STREET ADDRESS	3021 OAK AVE # 2	
CITY-ST-ZIP	Coconut Grove FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *R. Laviano* NATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)