

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90097 023 ****70.00

DOCUMENT # N47223

1. Entity Name

MAYFAIR VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3021 OAK AVE #10
#10
COCONUT GROVE FL 33133
US**

Mailing Address

**3021 OAK AVE #10
#10
COCONUT GROVE FL 33133
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0312121**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANCUSI, MARZIA MS
3021 OAK AVE #8
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

RIVERA, SEANDELIZE MS

Street Address (P.O. Box Number is Not Acceptable)

3021, OAK AVE. #4

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

SEANDELIZE RIVERA

(NOTE: Registered Agent signature required when reinstating)

01/13/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD**
NAME **BRUSH, CHRISTY** ☐ Delete
STREET ADDRESS **3021 OAK AVE #8**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **TD**
NAME **BRUSH, CHRISTY** ☒ Change ☐ Addition
STREET ADDRESS **3021, OAK AVE. #9**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **VD**
NAME **RIVERA, JENDELIZE** ☐ Delete
STREET ADDRESS **3021 OAK AVE #9**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VSD**
NAME **RIVERA, SEANDELIZE** ☒ Change ☐ Addition
STREET ADDRESS **3021, OAK AVE. #4**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE **STD**
NAME **HOLLIDAY, RHONDA** ☒ Delete
STREET ADDRESS **3021 OAK AVE #2**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **PHD**
NAME **MANCUSI, MARZIA** ☐ Change ☒ Addition
STREET ADDRESS **3021, OAK AVE. #8**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **MANCUSI, MARZIA** **MANCUSI-PHD-** **01/13/03** **-305-445-3510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)