

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90253 019 ****61.25

DOCUMENT # N93000002137

1. Entity Name

REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9195 SW 72ND ST
 MIAMI FL 33173**

**P.O. BOX 330044
 COCONUT GROVE FL 33233**

80088783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0199843

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

**SACHER, CHARLES P
 2655 LEJEUNE RD
 SUITE 1101
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DVP	<input type="checkbox"/> Delete
NAME	MUINA, BARBARA	
STREET ADDRESS	9195 SW 72ND ST. #210	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOMAN, JEFFREY	
STREET ADDRESS	9195 S.W. 72ND ST. #210	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARVAJAL, PEDRO	
STREET ADDRESS	9195 S.W. 72ND ST. #100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Barbara Muina* **BARBARA MUINA** 4/16/02 (305) 643-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)