

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001066

1. Entity Name

3257/3259 DAY AVENUE CONDOMINIUM ASSOCIATION, IN  
C.

Principal Place of Business

Mailing Address

3257 DAY AVENUE  
MIAMI FL 33133  
US

3257 DAY AVENUE  
MIAMI 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

4. FEI Number

65-0596908

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

BOHANON, JULIE  
3257 DAY AVENUE  
MIAMI FL 33133

Name

Julie Bohanon

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

3257 Day Avenue

City

Miami

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.

No change

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 PD  
NAME BOHANON, JULIE ☐ Delete  
STREET ADDRESS 3257 DAY AVENUE  
CITY-ST-ZIP MIAMI FL 33133

TITLE DV  
NAME BOHANON, BRETT ☐ Delete  
STREET ADDRESS 3257 DAY AVENUE  
CITY-ST-ZIP MIAMI FL 33133

TITLE SD ☒ Delete  
NAME LOCKWOOD, MICHAEL J  
STREET ADDRESS 3257 DAY AVENUE  
CITY-ST-ZIP MIAMI FL 33133

TITLE STD ☒ Delete  
NAME LOCKWOOD, MICHAEL J  
STREET ADDRESS 3257 DAY AVENUE  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Toya Weaver SD ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 3257 Day Ave.  
CITY-ST-ZIP Miami, FL 33133

TITLE Brett Bohanon STD ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 3257 Day Ave.  
CITY-ST-ZIP Miami FL 33133

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

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:

*Julie Bohanon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

26/02 (305) 978-6220

FILED  
Feb 24, 2002 8:00 am  
Secretary of State

02-24-2002 90054 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)