

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90010 018 \*\*\*\*61.25

**DOCUMENT # N94000001376**

1. Entity Name

**COLLINS PLAZA SHOPPING CENTER CONDOMINIUM ASSOCI**

Principal Place of Business

5701 COLLINS AVE  
 #1715  
 MIAMI BEACH FL 33140  
 US

Mailing Address

5701 COLLINS AVE  
~~#1715~~ PH. 14  
 MIAMI BEACH FL 33140  
 US

2. Principal Place of Business

6712-6812 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Address

5701 COLLINS AVE

Suite, Apt. #, etc.

PH 14

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0581960

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33140

Country

FL

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

FALIN, JAMES ROGER  
 5701 COLLINS AVE  
 #1715  
 MIAMI BEACH FL 33140

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

*James R Falin*

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

TITLE PD  
 NAME ROGER FALIN, JAMES  
 STREET ADDRESS 5701 COLLINS AVE #1715  
 CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE STD  
 NAME FALIN, ANTONETTE  
 STREET ADDRESS 9332 BYRON AVE  
 CITY-ST-ZIP SURFSIDE FL 33154 ☐ Delete

TITLE VPD  
 NAME FREDERK, MARHIE  
 STREET ADDRESS 675 E 33 ST  
 CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*James R Falin* REQUIRED James R Falin

7/21/01

305 866-1600

CR2E037 (5/01)