

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90165 019 \*\*\*\*70.00

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**DOCUMENT # N94000001376**

1. Entity Name

**COLLINS PLAZA SHOPPING CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6772-6812 COLLINS AVENUE  
MIAMI FL 33141  
US

5701 COLLINS AVE  
#1715  
MIAMI BEACH FL 33140  
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

65-0581960

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALIN, JAMES ROGER  
5701 COLLINS AVE  
~~#1715~~ Ph-14  
MIAMI BEACH FL 33140

Name

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

5701 COLLINS AVE Ph-14

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*

3/21/02

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

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

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

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

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

TITLE VPD  
NAME FREDERICK MATGIE ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:

*James R Falin*

3/21/02

CR2E037 (9/01)