

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90379 016 ****61.25

DOCUMENT # N94000001910

1. Entity Name

THE CONTINENTAL ON COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4000 COLLINS AVENUE
 MIAMI BEACH FL 33140**

**9095 SW 87 AVE
 777
 MIAMI FL 33176**

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

65-0507314

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

**EISINGER, DENNIS
 4000 HOLLYWOOD BLVD.
 STE. 265 SOUTH
 HOLLYWOOD FL 33021**

Name *Sylvia Pique*

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

*470 Coral Management
 275 Fontainebleau Blvd. Suite 140*

City *miami*

FL

Zip Code *33172*

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

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 ☒ Delete
 NAME **DP**
 STREET ADDRESS **TEJERA, JUAN**
 CITY-ST-ZIP **13525 SW 23RD STREET
 MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
 NAME *p/o* **Donikian, Sergio**
 STREET ADDRESS **6305 West 18th Avenue**
 CITY-ST-ZIP **Hialeah, Fl. 33012**

TITLE ☒ Delete
 NAME **DT**
 STREET ADDRESS **DONIKIAN, SERGIO**
 CITY-ST-ZIP **6305 WEST 18TH AVENUE
 HIALEAH FL 33012**

TITLE ☐ Change ☒ Addition
 NAME *del* **Acosta, Diana**
 STREET ADDRESS **924 El Prado St., Coral Gables**
 CITY-ST-ZIP **FL 33134**

TITLE ☒ Delete
 NAME **DS**
 STREET ADDRESS **BRACHO, JULIO**
 CITY-ST-ZIP **11445 SW 100TH TERRACE
 MIAMI FL 33176**

TITLE ☐ Change ☒ Addition
 NAME *710* **Tricana, Jose**
 STREET ADDRESS **4150 S.W. 112 AVE.**
 CITY-ST-ZIP **miami FL 33145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/02 305-207-2343

CR2E037 (9/01)