


# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
03 OCT 24 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>N9400001910</b>	
1. Entity Name <b>The Continental on Collins ave Condo Assoc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4000 Collins Ave</b>		3. Mailing Address <b>275 Fontainebleau Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite #140</b>	
City & State <b>Miami Beach, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33140</b>	Country	Zip <b>33172</b>	Country

**03/20/03 90144 034 6125**  
DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0507314</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Sylvia Pique</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>c/o Excel Management Assoc.</b>	
	<b>275 Fontainebleau Blvd. #140</b>	
	City <b>Miami</b>	FL Zip Code <b>33172</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sylvia Pique* *Agent for the Association*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P. Rose Triana 4150 SW 112 Ave Miami, FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.T. Diana Costa 924 E L Rado Street Coral Gables, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.S. Luan Farnada 9991 NW 9 Street Circle #1 Miami, FL 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.V.P. Dorjio Dorian 6305 West 18th Ave. Hialeah, FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Cristina Hirschhorn 1235 Pennsylvania Ave #3D Miami Beach, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Diana Costa* **10-16-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

**THE CONTINENTAL ON COLLINS AVENUE  
CONDOMINIUM ASSOCIATION, INC.  
C/O EXCEL MANAGEMENT ASSOCIATES, INC.  
275 Fontainebleau Blvd. Suite 140  
Miami, FL 33172  
Telephone: (305) 207-2343/ Fax: (305) 207-2344  
excelmanagement@bellsouth.net**

October 17, 2003

Tina Roberts  
Division of Corporations  
Annual Report/Uniform Business Report Section  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Document No. N94000001910**

Dear Ms. Roberts:

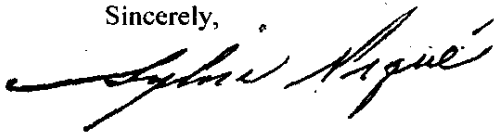
Enclosed please find the corrected uniform business report (UBR) signed by the new registered agent and by a current officer of the Association.

The Association is requesting to have any late fees that might have been posted waived, as the uniform business report (UBR) and check were sent on time.

Your consideration to our request would be greatly appreciated.

Should you have any questions regarding this matter, please do not hesitate to contact my office.

Sincerely,



Sylvia Piqué, CAM  
As Agent for the Association

CC: Board of Directors

CERTIFIED MAIL #7002 2410 0002 7921 0692