2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90158 009 ****61.25

DOCUMENT # N94000002768

1. Entity Name

THE ANTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1020 EUCLIO AVE MIAMI BEACH FL 33139 US	C/O ANTON KEYSTONE 420 15ST #3 MIAMI FL 33139 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	516 15 ST Suite, Apt. #, etc. # 1
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0520690 ☐ 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
BENNETT, JOAN 420 15TH ST SUITE 3 MIAMI BEACH FL 33139 516 15 ST Suite # 1	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YONAN, JAMES 1022 EUCLIO AVE #15 MIAMI FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~NATHAN MILLER~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CICONNE, AL 1022 EUCLIO AVE #9 MIAMI BEACH FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NATHAN MILLER 1022 EUCLID AVE #9 MIAMI BEACH FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BENNETT, JOAN 420 15TH ST SUITE 3 MIAMI BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MILEN GONZALEZ 1018 EUCLID AVE #4 MIAMI BEACH, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Magdalena Jimenez 1022 EUCLID AVE #10 MIAMI BEACH, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Milen Gonzalez 3/22/2001 305 532 7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #