2001 UNIFORM BUSINESS REPORT (UBR)

Sep 14, 2001 8:00 am Secretary of State DOCUMENT # N94000002883 09-14-2001 90009 048 ****61.25 3059 MATILDA STREET CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3059 MALTILDA ST. 3057 MATILDA ST. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0613385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent e and 14 Street Address (P.O. Box Number is Not Acceptable) TOMB. JR. CLIFFORD V 3037 MATILDA ST. COCONUT GROVE FL 33133 Zip Code 33;33 louni 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME VELEZ-FELFE, SANDRA NAME STREET ADDRESS 3059 MATILDA ST STREET ADDRESS CITY-ST-7IP **COCONUT GROVE FL 33133** CITY-ST-ZIP D۷ TITLE Delete TITLE Addition Change Blonso Daniel TOMB, CLIFFORD J 🔍 NAME NAME 3057 Matilda St. 3057-MATILDA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-ZIP Grove FL 33132 Joconut TITLE Delete T2 \mathbb{C} TITLE ☐ Change Addition Femandez MYLENE, MORENO NAME Marvel NAME Matrida st 3057 STREET ADDRESS 3057 MATILDA ST. STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL** CITY-ST-ZIP Grove 33133 ☐ Delete TITLE ☐ Change ☐ Addition FELFE, PAUL A NAME STREET ADDRESS 3059 MATILDA ST STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

ether like empowered.

changed, or on an attachment with an addre

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