2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90100 027 ****61.25

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Entity Name

THE CHELSEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
540 15thStreet Miami Beach, FL 33139	~~P.O Box 190892~~ ~~Miami Beach,Fl 33139~~

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
540 15 Street	306 Alcazar Avenue
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. # 303
City & State Miami Beach, Fl	City & State Coral Gables, Fl
Zip: 33139 / Country: U.S.A.	Zip: 33134 / Country: U.S.A.

4. FEI Number
65-0547404
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Michael Ramos
540 15th Stret
#101
Miami Beach, Fl 33139

7. Name and Address of New Registered Agent

Name: ~~Global Investment Properties, Inc.~~
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

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

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
DP Michael Jr Ramos 540 15th St. # 101 Miami Beach, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
DS Karen Medina 540 15th St. # 202 Miami BEach, Fl 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
DT Martin Politi 550 15th St. #104 Miami Beach, Fl 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
D Mary Beth Lawin 540 15th St. 203 Miami Beach,Fl 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: Mike Ramos April 18, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date