

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000942

1. Entity Name

REX SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90197 022 ****61.25

Principal Place of Business
1925 BRICKELL AVE
SUITE D-206
MIAMI FL 33129

Mailing Address
1925 BRICKELL AVE
SUITE D-206
MIAMI FL 33129-2900

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821636

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BESU, ROGER ESO
1925 BRICKELL AVE
SUITE D-206
MIAMI FL 33129

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
ROVER, LUIS O
9737 NW 41ST ST. STE 343
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MIZRAJI, DANIEL H
9737 NW 41ST ST. STE 343
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ALVAREZ, ALBERTO
9737 NW 41ST ST. STE 343
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FIAMBERTI, MARIANA A
9737 NW 41 ST., STE. 343
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 305 854 6363

CR2E037 (9/99)