

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000942

1. Entity Name

REX SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1925 BRICKELL AVE
SUITE D-206
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVE
SUITE D-206
MIAMI FL 33129

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD - ROVER, LUIS O ☐ Change ☐ Addition
NAME 9737 NW 41ST ST #343
STREET ADDRESS MIAMI FL 33178

TITLE VD MIZRAH, DANIEL ☒ Change ☒ Addition
NAME 9737 NW 41ST ST #343
STREET ADDRESS MIAMI FL 33178

TITLE SD FIAMBERTI, MARIANA A ☐ Change ☐ Addition
NAME 9737 NW 41ST ST #343
STREET ADDRESS MIAMI FL 33178

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

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

TITLE ☐ Change ☐ Addition
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)(f), 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 REQUIRED

4-9-01

305-854-6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR20037 (10/00)