

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002455

1. Entity Name

TAMIAI OFFICE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90086 028 \*\*\*\*61.25

Principal Place of Business

3663 SW 8TH STREET  
MIAMI FL 33135  
US

Mailing Address

AATN: MIRIAM GOMEZ  
P.O. BOX 441900  
MIAMI FL 33144-1900  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

ATT: MARIA RUDD

Suite, Apt. #, etc.

P.O. Box 441900

City & State

MIAMI FL 3

Zip

33144-1900

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826341

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES DE NAVARRA, CARLOS M  
3663 SW 8TH STREET  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name TORRES DE NAVARRA, CARLOS M.

Street Address (P.O. Box Number is Not Acceptable)

3663 SW 8TH STREET PENTHOUSE

City

MIAMI

FL

Zip Code

33135

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.

CORRECTION OF SPELLING - NO CHANGE OF AGENT

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          | PD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | SANTIAGO, GRANJA           |  |
| STREET ADDRESS | 1432 BRICKELL AVE          |  |
| CITY-ST-ZIP    | MIAMI FL 33135             |  |
| TITLE          | VD                         | <input type="checkbox"/> Delete            |
| NAME           | TORRES DE NAVARRA, CARLOS  |  |
| STREET ADDRESS | 3663 SW 8TH ST., PENTHOUSE |  |
| CITY-ST-ZIP    | MIAMI FL 33135             |  |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | VALLS, FELIPE A SR         |  |
| STREET ADDRESS | 3663 SW 8TH ST., PENTHOUSE |  |
| CITY-ST-ZIP    | MIAMI FL 33135             |  |
| TITLE          | TD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | GOMEZ, MIRIAM              |  |
| STREET ADDRESS | 1432 BRICKELL AVE          |  |
| CITY-ST-ZIP    | MIAMI FL 33131             |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                 |  |
|----------------|-----------------|--|
| TITLE          | PD              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SANTIAGO GRANJA |  |
| STREET ADDRESS | 3663 SW 8 ST -  |  |
| CITY-ST-ZIP    | MIAMI FL 33155  |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          | TD              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MARIA RUDD      |  |
| STREET ADDRESS | 3663 SW 8 ST    |  |
| CITY-ST-ZIP    | MIAMI FL 33155  |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                 |  |
| STREET ADDRESS |                 |  |
| CITY-ST-ZIP    |                 |  |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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

5/3/00 (305) 665-368

Date

Daytime Phone #

CR2E037 (9/99)