

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0040199

DOCUMENT # N97000002455

1. Entity Name

TAMIAMI OFFICE CONDOMINIUM ASSOCIATION, INC.

01-30-2001 90112 030 ****61.25

Principal Place of Business

3663 SW 8TH STREET
 MIAMI FL 33135
 US

Mailing Address

AATN: MIRIAM GOMEZ - *SANTIAGO GRAU*
 P.O. BOX 441900
 MIAMI FL 33144
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0826341

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

7. Name and Address of New Registered Agent

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

Name *TORRES DE NAVARRA, CARLOS*

Street Address (P.O. Box Number is Not Acceptable)
3663 S.W. 8TH ST.

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME SANTIAGO, GRANJA
 STREET ADDRESS 1432 BRICKELL AVE
 CITY-ST-ZIP MIAMI FL 33135

TITLE *SANTIAGO GRAUJA* ☒ Change ☐ Addition
 NAME *3663 S.W. 8TH ST.*
 STREET ADDRESS *MIAMI FL 33135*
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME TORRES DE NAVARRA, CARLOS
 STREET ADDRESS 3663 SW 8TH ST., PENTHOUSE
 CITY-ST-ZIP MIAMI FL 33135

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

TITLE SD ☐ Delete
 NAME VALLS, FELIPE A SR
 STREET ADDRESS 3663 SW 8TH ST., PENTHOUSE
 CITY-ST-ZIP MIAMI FL 33135

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

TITLE TD ☒ Delete
 NAME GOMEZ, MIRIAM
 STREET ADDRESS 1432 BRICKELL AVE
 CITY-ST-ZIP MIAMI FL 33131

TITLE *GUILLERMO ARJONA* ☐ Change ☒ Addition
 NAME *3663 S.W. 8TH ST.*
 STREET ADDRESS *MIAMI FL 33135*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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)(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:

SANTIAGO GRAUJA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 648-8800

CR2E037 (10/00)