

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003540

1. Entity Name

EL CYCLON CONDOMINIUM ASSOCIATION, INC.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90037 016 ****61.25

Principal Place of Business

248 WASHINGTON AVENUE
MIAMI BEACH FL 33141

Mailing Address

248 WASHINGTON AVENUE
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084233

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G ESQ.
218 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Robert Curran

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

248 WASHINGTON AVE.

City

MIAMI BEACH FL

Zip Code

33139

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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 ☐ Delete
NAME CURRAN, ROBERT
STREET ADDRESS 248 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VPD ☐ Delete
NAME LEVIN, ERIC
STREET ADDRESS 248 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE STD ☐ Delete
NAME GLASSER, FRED
STREET ADDRESS 1701 CORTEZ
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ 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

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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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.10.01

Date

305.532.9296

Daytime Phone #

CR2E037 (10/00)