

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000003540

FILED
Sep 19, 2002
Secretary of State

Entity Name: EL CYCLON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

248 WASHINGTON AVENUE
MIAMI BEACH, FL 33141

New Principal Place of Business:

248 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

248 WASHINGTON AVENUE
MIAMI BEACH, FL 33141

New Mailing Address:

248 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

FEI Number: 65-1084233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRAN, ROBERT
248 WASHINGTON AV
MIAMI, FL 33139 US

Name and Address of New Registered Agent:

CURRAN, ROBERT
248 WASHINGTON AVE
MIAMI, FL 33139 US

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: ROBERT CURRAN

09/19/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURRAN, ROBERT
Address: 248 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD () Delete
Name: LEVIN, ERIC
Address: 248 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD () Delete
Name: GLASSER, FRED
Address: 1701 CORTEZ
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CURRAN

PD

09/19/2002

Electronic Signature of Signing Officer or Director

Date