

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90004 023 \*\*\*\*61.25

**DOCUMENT # N98000000918**

1. Entity Name

**MIAMI BEACH COUNCIL OF CONDOMINIUMS, INC.**

Principal Place of Business

**7330 OCEAN TERR**  
~~6000 COLLINS AVENUE #419~~  
**MIAMI BEACH FL 33140 33141**

Mailing Address

**% CRAG OREAR**  
**7330 OCEAN TERR. #2704**  
**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

**NOT APPLICABLE**

Applied For

Not Applicable

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

**KAY, HENRY**

~~6000 COLLINS AVENUE #419~~ **230 174<sup>th</sup> St. Apt. 305**  
**MIAMI BEACH FL 33140 Sunny Isles Beach, Florida 33160**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAY, HENRY	
STREET ADDRESS	<del>6000 COLLINS AVENUE #419</del>	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, BERNARD	
STREET ADDRESS	5555 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KADIN, SOL	
STREET ADDRESS	965 79TH TERRACE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OREAR, CRAG	
STREET ADDRESS	7330 OCEAN TERR #2704	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DAV	<input type="checkbox"/> Delete
NAME	DURAN, JOSE	
STREET ADDRESS	2655 COLLINS AVE #1711	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	230 174 <sup>th</sup> St. #305	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
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		<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: *Craig Orear* **RECRAG OREAR**

*January 16, 2002 (305) 865 8220*

CR2E037 (9/01)