

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90176 006 ****61.25

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1. Entity Name

MIAMI BEACH COUNCIL OF CONDOMINIUMS, INC.



Principal Place of Business

**6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140**

Mailing Address

**% CRAG OREAR
7330 OCEAN TERR #2704
MIAMI BEACH FL 33141**

1933 W COUNTRY CLUB DR AVENTURA, FL 33180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**KAY, HENRY
174TH ST APT 305
SUNNY ISLES BEACH FL 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. I am familiar with, and accept the obligations of registered 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **KAY, HENRY**
STREET ADDRESS **230 174TH ST #305**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

TITLE **TD** ☐ Delete
NAME **MILLER, BERNARD**
STREET ADDRESS **5555 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE **VD** ☐ Delete
NAME **KADIN, SOL**
STREET ADDRESS **965 79TH TERRACE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

TITLE **SD** ☐ Delete
NAME **OREAR, CRAG**
STREET ADDRESS **7330 OCEAN TERR #2704**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1933 W. COUNTRY CLUB DR. APT 1926**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **DAV** ☐ Delete
NAME **DURAN, JOSE**
STREET ADDRESS **2655 COLLINS AVE #1711**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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:

CRAG OREAR
SIGNATURE REQUIRED

Crag Orear

2-10-03 305-931-0761

CR2E037 (10/02)