

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Amended*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 25 PM 2:39

DOCUMENT # *11980000003065*

1. Entity Name

*ARMITAGE PLACE No. 3 Condominium Association Inc.*

Principal Place of Business

300 Euclid Avenue  
Miami Beach, FL 33139

Mailing Address

306 ALCAZAR AVE STE 303  
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-1109092

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Haber, Robert M.  
520 Brickell Key Drive Ste. 0-305  
Miami, FL 33131

7. Name and Address of New Registered Agent

Name *HILDEGARDE LESCHHORN*  
Street Address (P.O. Box Number is Not Acceptable)  
*306 ALCAZAR AVE STE 303*  
City *CORAL GABLES* FL Zip Code *33134*

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

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 PSTD NAME *Faubion, Royal R.* ☒ Delete  
STREET ADDRESS *520 Brickell Ave Ste 305*  
CITY-ST-ZIP *Miami, FL 33131*

TITLE D NAME *Contos, Regina* ☒ Delete  
STREET ADDRESS *520 Brickell Ave Ste 305*  
CITY-ST-ZIP *Miami, FL 33131*

TITLE D NAME *Campagna, Maria L.* ☒ Delete  
STREET ADDRESS *520 Brickell Ave Ste. 305*  
CITY-ST-ZIP *Miami, FL 33131*

TITLE AS NAME *Harber, Robert M.* ☒ Delete  
STREET ADDRESS *520 Brickell Ave Ste. 305*  
CITY-ST-ZIP *Miami, FL 33131*

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPTL NAME *Jonathan Corso* ☒ Change ☒ Addition  
STREET ADDRESS *300 Euclid Ave #203*  
CITY-ST-ZIP *Miami, Beach, FL 33139*

TITLE DT NAME *Charlie W. Marley* ☒ Change ☒ Addition  
STREET ADDRESS *300 Euclid Ave # 108*  
CITY-ST-ZIP *Miami Beach, FL 33139*

TITLE DS NAME *John Barone* ☒ Change ☒ Addition  
STREET ADDRESS *300 Euclid Ave #210*  
CITY-ST-ZIP *Miami Beach, FL 33139*

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

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

TITLE NAME ☐ Change ☐ Addition  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/01*

Date

Daytime Phone #

CR02037 (11/00)