

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

DOCUMENT # N98000005166

1. Entity Name

SIDONIA VIEW CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
30 SIDONIA AVENUE

3. Mailing Address
30 SIDONIA AVENUE

Suite, Apt. #, etc.
APT # 2B

Suite, Apt. #, etc.
APT # 2B

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

Zip
33134

Country
MIAMI-DADE

Zip
33134

Country
MIAMI-DADE

4. FEI Number 650902234

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALBERTO J. PARLADE, ESQ.

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

7050 SW 86 AVENUE

City MIAMI

FL

Zip Code
33143

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

ALBERTO J. PARLADE, ESQ.

9/5/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	P/D Alberto J. Parlade 7050 SW 86 Ave. Miami, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Albert J. Parlade 30 Sidonia Ave. # 2B Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Stacy Sutphin-Holder 24 Sidonia Ave. #1A, Coral Gables, FL 33134
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

9/5/02

305.595-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -6 AM 11:45

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CR2E037B (12/01)