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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOT-FOR-PROFIT CORPORATION AM
UNIFORM BUSINESS REPORT (UBR) RE

DOCUMENT # N99000005655

1. Entity Name
PRINCE MICHAEL CONDOMINIUM ADMINISTRATION, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2618 COLLINS AVE	2618 COLLINS AVE
Suite, Apt. #, etc. UNIT 430	Suite, Apt. #, etc. UNIT 430
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country	Zip 33139 Country

4. FEI Number 65-0949071 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JOAN BENNETT

Street Address (P.O. Box Number Is Not Acceptable) 318 NE 72 ST

City MIAMI FL Zip Code 33138

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	ROLANDO BARRERO
STREET ADDRESS	P.O. Box 440632
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TD
NAME	BOLANO, DOLORES
STREET ADDRESS	9971 S.W. 37 TERRACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD
NAME	NORTON, YVONNE M.
STREET ADDRESS	880 N.E. 69 ST. APT 8S
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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: Yvonne Norton 6/24/02 305 532 7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #