

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90096 038 \*\*\*\*61.25

**DOCUMENT # N99000007097**

1. Entity Name

**1455 MICHIGAN AVENUE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1455 MICHIGAN AVE., NO.4  
MIAMI BEACH FL 33139**

**1455 MICHIGAN AVE., NO.4  
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

**40 SY-LO ENT. CORP.**

Suite, Apt. #, etc.

**P.O. Box 557967**

City & State

**MIAMI, FL**

Zip

**33255**

Country

**USA**

4. FEI Number

**65-0963922**

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

**BALDI, GABRIEL  
1455 MICHIGAN AVE., NO.4  
MIAMI BEACH FL 33139**

Name **SY-LO ENT. CORP**

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

**130 MADEIRA AVENUE**

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)**  
**Enma H. Lopez - Reg. Agr - CMY3/10/08**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WORMSER, HERBERT 4163 LOS ALTOS CT. NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZERPA, ALVARO 1455 MICHIGAN AVE., STE. 15 MIAMI BEACH FL 33139</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PHILLIPS, SUSAN 3823 PORTER ST., N.W., NO. 304 WASHINGTON DC 20016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BALDI, GABRIEL 1455 MICHIGAN AVE., NO.4 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**3-13-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)