

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90218 003 ***150.00

0004945 AT

DOCUMENT # P02000128999



1. Entity Name
53RD TERRACE CONDOMINIUM, INC.

Principal Place of Business
**7225 NW 25TH ST. SUITE 110
MIAMI FL 33122**

Mailing Address
**7225 NW 25TH ST. SUITE 110
MIAMI FL 33122**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
36-4520450

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

**GRONDIN, M.A.
7225 NW 25TH ST, SUITE 110
MIAMI FL 33122**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRONDIN, M.A. 7225 NW 25TH ST, SUITE 110 MIAMI FL 33122	<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
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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
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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 607, 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

Date **5/16/03** Daytime Phone # **305-492-7090**

CR2E034 (10/02)

Attachment

80119698
PO200012899

**53RD TERRACE CONDOMINIUM
ASSOCIATION, INC.**

**7225 N.W. 25th Street
Suite 110
Miami, Fl 33122**

Ph: (305) 592-7090

Fax: (305) 592-0759

DATE: May 16, 2003

TO: Florida Department of State
Division of Corporation

FROM: 53rd Terrace Condominium Association, Inc.

RE: 2003 Uniform Business Report

Dear Sir or Madame:

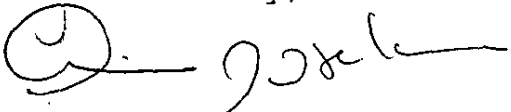
Enclosed you will find a check in the amount of \$150.00 representing the filing fee for the year 2003.

This is a new corporation for a condominium association, and the developer, the accountant and the attorney could not decide whether it should have been formed as a corporation for profit or a non for profit corporation.

They reached an agreement today, and we are enclosing the form together with the check. We hope you understand the confusion we were going through, and accept this check without the penalty.

Thanks again for your understanding.

Yours truly,



Maria E. Epelbaum
For: 53rd Terrace Condominium Association, Inc.

Enc.