

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751019

1. Entity Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90026 031 ****61.25

Principal Place of Business Mailing Address

7325-7327 BYRON AVE. 7327 BYRON AVENUE
 MIAMI BCH FL 33141 MIAMI BCH FL 33141-2646
 US US

2. Principal Place of Business 3. Mailing Address

7325-7327 BYRON AVE M. BEACH, FL 33141 7327 BYRON AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

MIAMI BEACH FL M. BEACH

City & State City & State

Zip Country Zip Country

33141 DADE 33141 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For -

65-0666997 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

DE LA PAZ, FELIPE
 7325 BYRON AVE., APT 2
 MIAMI BEACH FL 33141

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.

SIGNATURE _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LA PAZ, MELIDA	
STREET ADDRESS	7325 BYRON AVE. #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE LA PAZ, FELIPE	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Delete
NAME	URIBE, CONSUELO	
STREET ADDRESS	7327 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELIDA DE LA PAZ	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIPE DE LA PAZ	
STREET ADDRESS	7325 BYRON AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSUELO URIBE	
STREET ADDRESS	7327 BYRON AVE #3	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED CONSUELO URIBE 2/19/00 305.864.3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)