

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90077 031 ****70.00

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DOCUMENT # 762469
 1. Entity Name
CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2585 NW 74 AVE MIAMI FL 33122	Mailing Address 2585 NW 74 AVE MIAMI FL 33122
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2. Principal Place of Business c/o Courtesy Property Management	3. Mailing Address c/o Courtesy Property Management
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Suite, Apt. #, etc. 13250 SW 135 Ave.	Suite, Apt. #, etc. 13250 SW 135 Ave.
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City & State Miami, FL	City & State Miami, FL
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Zip 33186	Country us	Zip 33186	Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2205863	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PAYNE, MARGARET
2573 N.W. 74TH AVE.
MIAMI FL 33122

7. Name and Address of New Registered Agent
 Name
SKRLD
 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
Coral Gables, FL 33186
 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: DATE: **4/26/01**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAMATEGES, ROBERTO 2557 N.W. 74TH AVENUE MIAMI FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINS, ADELINO 2557 NW 74 AVE MIAMI FL 33122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELRIO PEREZ, LAURA 2585 NW 74 AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, MARGARET 2573 NW 74TH AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, NESTOR 2573 NW 74TH AVE MIAMI FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTII, MYRA 2541 NW 74 AVE MIAMI FL 33122	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STACHL, JOHN 2525 N.W. 74 Ave. Miami, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MIRANDA, NESTOR 2533 N.W. 74 Ave. Miami, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KWEICK, PETER 2577 N.W. 74 Ave. Miami, FL 33122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, ADELINO 2557 N.W. 74 Ave. Miami, Fla. 33122	<input checked="" 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)(1), 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: DATE: **4/25/01** DAYTIME PHONE #: **(305) 254-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)