

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

DOCUMENT # 720563 2001

1. Entity Name

Maison Grande Condominium Association

Principal Place of Business

Mailing Address

05-29-2001 90007 034 ***214.24
 06-19-2001 90009 007 ****61.25

60071344

2. Principal Place of Business

6039 Collins Ave.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Office

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

4. FEI Number

59-137619

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Nyman, Michael
 44 W. Flagler Street
 14th Floor
 Miami, FL 33130

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	President
STREET ADDRESS		STREET ADDRESS	Hector Alzugaray
CITY-ST-ZIP		CITY-ST-ZIP	6039 Collins Ave # 309 Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Edward Casas
CITY-ST-ZIP		CITY-ST-ZIP	6039 Collins Ave # 1034 Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Secretary
STREET ADDRESS		STREET ADDRESS	Sara Gomez-Ortega
CITY-ST-ZIP		CITY-ST-ZIP	6039 Collins Ave # 1495 Miami Beach, FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Treasurer
STREET ADDRESS		STREET ADDRESS	Sal Sabo
CITY-ST-ZIP		CITY-ST-ZIP	6039 Collins Ave # 501 Miami Beach FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	Urbano Benito
CITY-ST-ZIP		CITY-ST-ZIP	6039 Collins Ave # PH-17 Miami Beach FL 33140
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Directors
STREET ADDRESS		STREET ADDRESS	Lourdes Fernandez
CITY-ST-ZIP		CITY-ST-ZIP	6039 Collins Ave # 50 Miami Beach FL 33140

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:

Hector Alzugaray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)