

2002 UNIFORM BUSINESS REPORT (UBR)

1/25

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-29-2002 90057 005 ****61.25

DOCUMENT # 751019

1. Entity Name

BEN-MOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7325-7327 BYRON AVE.
 MIAMI BCH FL 33141
 US

7327 BYRON AVENUE
 MIAMI BCH FL 33141
 US

2. Principal Place of Business

7327 Byron Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIA. BEACH, FL.

City & State

4. FEI Number

65-0666997

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *CONSUELO URIBE*

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

7327 BYRON AVE. #3

City *MIA. BEACH*

FL

Zip Code *33141*

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

Consuelo Uribe

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

TITLE *PO* Delete
 NAME **DE LA PAZ, MELIDA**
 STREET ADDRESS **7325 BYRON AVE. #2**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE *TD* Delete
 NAME **DE LA PAZ, FELIPE**
 STREET ADDRESS **7325 BYRON AVE #2**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE *SD* Delete
 NAME **URIBE, CONSUELO**
 STREET ADDRESS **7327 BYRON AVE #3**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *DD* Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS **CONSUELO URIBE**
 CITY-ST-ZIP **7327 BYRON AVE #3**
MIAMI BEACH, FL 33141

TITLE *DD* Change Addition
 NAME **TREASURER**
 STREET ADDRESS **JUAN SARDINA**
 CITY-ST-ZIP **7325 BYRON AVE #6**
MIAMI BEACH, FL 33141

TITLE *DD* Change Addition
 NAME **SECRETARY**
 STREET ADDRESS **OSCAR SEREBRENICK**
 CITY-ST-ZIP **1816 CLEVELAND RD.**
MIAMI BEACH, FL 33141

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Consuelo Uribe **REQUIRED CONSUELO URIBE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year Phone #

305-864-3466
1/15/02

CR2E037 (9/01)