

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90104 041 ****70.00

DOCUMENT # 762469

1. Entity Name

CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% COURTESY PROPERTY
 13250 SW 135 AVE
 MIAMI FL 33186
 US

% COURTESY PROPERTY
 13250 SW 135 AVE
 MIAMI FL 33186
 US

H0106160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2205863

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

SKRLD
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33186

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

TITLE **P** Delete
 NAME **STACHL, JOHN**
 STREET ADDRESS **2525 N.W. 74TH AVENUE (2525 N.W. 74 AVE)**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **VP** Delete
 NAME **NESTOR, MIRANDA**
 STREET ADDRESS **2533 N.W. 74 AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **D** Change Addition
 NAME **MIRANDA, NESTOR**
 STREET ADDRESS **2533 NW 74 AVE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **SD** Delete
 NAME **DELRIO-PEREZ, LAURA**
 STREET ADDRESS **2585 NW 74 AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **TD** Delete
 NAME **KWEICK, PETER**
 STREET ADDRESS **2577 N.W. 74 AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **MARTINS, ADELINO**
 STREET ADDRESS **2557 N.W. 74 AVE.**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **D** Change Addition
 NAME **PICCININI, ANGELA**
 STREET ADDRESS **2573 NW 74 AVE**
 CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** Delete
 NAME **SANTII, MYRA**
 STREET ADDRESS **2541 NW 74 AVE**
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VPD** Change Addition
 NAME **SANTII, MYRA**
 STREET ADDRESS **2541 NW 74 AVE**
 CITY-ST-ZIP **MIAMI, FL 33122**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17/02.
 Date Daytime Phone #

CR2E037 (9/01)