

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90222 011 \*\*\*\*70.00

**DOCUMENT # 762469**

1. Entity Name  
**CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% COURTESY PROPERTY  
13250 SW 135 AVE  
MIAMI FL 33186  
US**

Mailing Address  
**% COURTESY PROPERTY  
13250 SW 135 AVE  
MIAMI FL 33186  
US**

30007630



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STACHL, JOHN L</b>	
STREET ADDRESS	<b>2557 N.W. 74TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NESTOR, MIRANDA</b>	
STREET ADDRESS	<b>2533 N.W. 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DELRIO PEREZ, LAURA</b>	
STREET ADDRESS	<b>2585 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KWEICK, PETER</b>	
STREET ADDRESS	<b>2577 N.W. 74 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICININI, ANGELA</b>	
STREET ADDRESS	<b>2573 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SANTTI, MYRA</b>	
STREET ADDRESS	<b>2541 NW 74 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stachl, John</b>	
STREET ADDRESS	<b>2525 NW 74th Avenue</b>	
CITY-ST-ZIP	<b>Miami, FL 33122</b>	
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		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kmeick, Peter</b>	
STREET ADDRESS	<b>2577 NW 74th Avenue</b>	
CITY-ST-ZIP	<b>Miami, FL 33122</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Santti, Mayra</b>	
STREET ADDRESS	<b>2541 NW 74th Avenue</b>	
CITY-ST-ZIP	<b>Miami, FL 33122</b>	

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:**

**SKRLE PEREZ LAURA STACHL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 15/03 (305) 725-7034.**  
Date Daytime Phone #

CR2E037 (10/02)