

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709241

1. Entity Name

INTERCONDOMINIUM, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90025 004 ****61.25

Principal Place of Business

Mailing Address

C/O MINNIE OILL
1770 79 ST CAUSEWAY
NORTH BAY VILLAGE FL 33141
US

C/O KAZANOFF, S
1770 KENNEDY CAUSEWAY #106
NORTH BAY VILLAGE FL 33141
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1595291

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

PMS CORPORATION
8299 CORAL WAY
MIAMI FL 33155

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 PD ☐ Delete
NAME KAZANOF, STANLEY
STREET ADDRESS 1770 KENNEDY CAUSEWAY 106
CITY-ST-ZIP N. BAY VILLAGE FL

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

TITLE STD ☐ Delete
NAME OILL, MINNIE
STREET ADDRESS 1770 KENNEDY CAUSEWAY
CITY-ST-ZIP N. BAY VILLAGE FL

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

TITLE VD ☐ Delete
NAME KEMPNER, ANN
STREET ADDRESS 1800 KENNEDY CAUSEWAY
CITY-ST-ZIP N. BAY VILLAGE FL

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

TITLE D ☒ Delete
NAME MOREIRA, JAVIER
STREET ADDRESS 1780 79 SE CAUSEWAY APT 101
CITY-ST-ZIP N. BAY VILLAGE FL 33143

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 (305) 866-5008

CR2E037 (9/99)