

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719519

1. Entity Name

PRESIDENTIAL CONDOMINIUM OWNERS ASSOCIATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90065 041 ****61.25

Principal Place of Business 401 OCEAN DR SUITE 200 MIAMI BEACH FL 33139 US	Mailing Address 401 OCEAN DRIVE SUITE 200 MIAMI BEACH FL 33139-6634 US
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2. Principal Place of Business 401 Ocean Drive Suite, Apt. #, etc. Suite 200 City & State Miami Beach, Florida Zip 33139 Country DADE	3. Mailing Address 401 Ocean Drive Suite, Apt. #, etc. Suite 200 City & State Miami Beach, Florida Zip 33139 Country Dade
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1303251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAXTER, BEATRICE 401 OCEAN DRIVE SUITE 200 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name BEATRICE BAXTER Street Address (P.O. Box Number is Not Acceptable) 401 Ocean Drive Suite 200 City Miami Beach, Florida FL Zip Code 33139
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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 *Beatrice Baxter* **BEATRICE BAXTER** 04/15/2000
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 NAME STREET ADDRESS CITY-ST-ZIP	TD BAXTER, BEATRICE 401 OCEAN DRIVE, APT 1005 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Beatrice Baxter 401 Ocean Drive Apt. 1005 Miami Beach, Florida 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APRIL, THEODORE 401 OCEAN DRIVE, APT 518 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kenneth Moman 401 Ocean Drive Apt. 516 Miami Beach, Florida 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAGO, CASANOVA 401 OCEAN DR APT 301 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jose Tejidor 401 Ocean Drive Apt. 418 Miami Beach, Florida 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AULET, AURORA 401 OCEAN DR APT 316 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Theodore April 401 Ocean Drive Apt. 517 Miami Beach, Florida 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPHER, BARRY 401 OCEAN DR APT 703 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Malcolm Kurzban 401 Ocean Drive Apt. 1106 Miami Beach, Florida 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTOR, HORTENSIA 401 OCEAN DR APT 624 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Miguel Remon 401 Ocean Drive Apt. 524 Miami Beach, Florida 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Beatrice Baxter* **04/15/2000** **(305) 673-4965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #