

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90053 029 \*\*\*\*61.25

**DOCUMENT # 720437**  
 Entity Name  
**PALMS ASSOCIATION OF ALTON ROAD, INC.**

Principal Place of Business  
 1025 ALTON ROAD, APT. 501  
 APT 201  
 MIAMI BEACH FL 33139  
 US

Mailing Address **ALCAZAR**  
 306 AKAZAR AVE  
 STE 303  
 CORAL GABLES FL 33134  
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1025 Alton Road**

3. Mailing Address  
**306 ALCAZAR AVE**

Suite, Apt. #, etc.  
**# 702**

Suite, Apt. #, etc.  
**# 303**

City & State  
**Miami Beach FL**

City & State  
**Coral Gables FL**

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country

4. FEI Number **59-2229952** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERGER, ROSS**  
**1025 ALTON RD**  
**#702**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name  
~~Global Investment Properties, Inc.~~

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

City **FL** Zip Code

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 \_\_\_\_\_ (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	TO	<input checked="" type="checkbox"/> Delete
NAME	<b>BERGER, ROSS</b>	
STREET ADDRESS	<b>1025 ALTON RD APT 702</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADY, DAN</b>	
STREET ADDRESS	<b>1025 ALTON RD APT 205</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSINSKI, RICHARD</b>	
STREET ADDRESS	<b>1025 ALTON RD APT 208</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, PETER</b>	
STREET ADDRESS	<b>1025 ALTON RD #501</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, CARLOS</b>	
STREET ADDRESS	<b>1025 ALTON RD., APT 207</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PEREZ, ISABEL</b>	
STREET ADDRESS	<b>1025 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George Melendez</b>	
STREET ADDRESS	<b>1025 ALton Rd. #305</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sammy Daska</b>	
STREET ADDRESS	<b>1025 Alton Rd. #701</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Caridad Velasquez</b>	
STREET ADDRESS	<b>1025 Alton Rd. # 404</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Luis Santos</b>	
STREET ADDRESS	<b>1025 Alton Road#405 Miami Beach, FL 33139</b>	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ross Berger</b>	
STREET ADDRESS	<b>1025 ALton Rd. # 702</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Luis Santos** **04/16/00** **305 538 3034**

CR2E037 (9/99)