

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/10

FILED

Apr 25, 2000 8:00 am  
Secretary of State

02-10-2000 90058 011 \*\*\*\*61.25

DOCUMENT # 738880

1. Entity Name

BRISAS DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7705 ABBOTT AVENUE  
MIAMI BEACH FL 33141

Mailing Address

7705 ABBOTT AVENUE  
MIAMI BEACH FL 33141-2344

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0032169

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLO, RODOLFO O  
7705 ABBOT AVE  
#304  
MIAMI BEACH FL 33141

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERGSON, HY	
STREET ADDRESS	7705 ABBOTT AVENUE	
CITY-ST-ZIP	MIAMI BCH, FL 00000	

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELLO, RODOLFO O	
STREET ADDRESS	7705 ABBOTT AVE #304	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	STD	<input type="checkbox"/> Delete
NAME	BENITEZ, MAGI	
STREET ADDRESS	7705 ABBOTT AVE #206	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STERN, MARK	
STREET ADDRESS	7705 ABBOTT AVE #402	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	D	<input type="checkbox"/> Delete
NAME	MADRID, CESAR	
STREET ADDRESS	7705 ABBOTT AVE #308	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICENTE RODRIGUEZ	
STREET ADDRESS	SAME APT # 408	
CITY-ST-ZIP		

TITLE	PRESIDENTE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODOLFO BELLO	
STREET ADDRESS	SAME APT # 304	
CITY-ST-ZIP		

TITLE	MAGUI BENITEZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7705 Abbott Ave	
STREET ADDRESS	SAME APT # 206	
CITY-ST-ZIP	APT 206 MIAMI BEACH 33141	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINNA MYERS	
STREET ADDRESS	7705 Abbott Ave	
CITY-ST-ZIP	APT # 303 MIAMI BEACH FL 33141	

TITLE	BOARD member	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CESAR MADRID	
STREET ADDRESS	7705 Abbott Ave	
CITY-ST-ZIP	APT # 308 MIAMI BEACH FL 33141	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #