

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744822

1. Entity Name

SUNSHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3527 NE 168 ST
N. MIAMI BEACH FL 33160

3527 NE 168 ST
N. MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1923907

Applied For

Not Applicable

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

CHARLA, ERIC
3527 NE 168 ST
302
MIAMI FL 33160

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
NAME CHARAL, ERIC
STREET ADDRESS 3527 NE 168 ST, 302
CITY-ST-ZIP N MIAMI BEACH FL

☐ Delete

TITLE VPT
NAME STANTON, MICHAEL
STREET ADDRESS 3527 NE 168 ST, 207
CITY-ST-ZIP N MIAMI BEACH FL

☐ Delete

TITLE D
NAME NEMEROFF, ROBERTA
STREET ADDRESS 3527 NE 168TH ST 201
CITY-ST-ZIP N MIAMI BEACH FL

☐ Delete

TITLE DS
NAME ALVAREZ, RICHARD
STREET ADDRESS 3527 NE 168 STREET, #303
CITY-ST-ZIP N MIAMI BEACH FL 33160

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

305-948-8595

Daytime Phone #

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90121 029 ****61.25

80084272



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)