

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746440

1. Entity Name

THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90009 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1621 COLLINS AVE  
MIAMI BEACH FL 33139

1621 COLLINS AVE  
MIAMI BEACH FL 33139-3123

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

59-2059160

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

Name

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

City

**FL**

Zip Code

DE LA CAMARA, ROSA  
WATERFORD CENTER PARK, 5201 BLUE LAGOON DR  
SUITE 100  
MIAMI FL 33126

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORRES, CECILIA	
STREET ADDRESS	1623 COLLINS AVE #518	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARRESTO, ALFONSO	
STREET ADDRESS	1623 COLLINS AVE #518	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ETNA	
STREET ADDRESS	1623 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE M	
STREET ADDRESS	1621 COLLINS AVE #603	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARRERO, RAMON	
STREET ADDRESS	1623 COLLINS AVE #612	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COSTALES, GLADYS	
STREET ADDRESS	1623 COLLINS AVE #714	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Maria L.	
STREET ADDRESS	1623 Collins Ave #1008	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leibowitz, Martin	
STREET ADDRESS	1623 Collins Ave #701	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Espinosa, Maria	
STREET ADDRESS	9684 SW 99 St	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nazar, Patricia	
STREET ADDRESS	1623 Collins Ave #307	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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:

*Maria L. Fernandez* MARIA L. FERNANDEZ 3/17/00 (305) 919-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #