# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 21, 2000 8:00 am**
**Secretary of State**
01-21-2000 90124 003 ****61.25

DOCUMENT # 746905

1. Entity Name

SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATIO

| Principal Place of Business | Mailing Address |
|---|---|
| 18975 COLLINS AVE<br>MIAMI BCH FL 33160 | 18975 COLLINS AVE.<br>NORTH MIAMI BEACH FL 33160-2300 |

B0005443

DO NOT WRITE IN THIS SPACE

| 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 52-1147736 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

BECKER & POLIAKOFF
6161 BLUE LAGOON DRIVE
#250
MIAMI FL 33126

**7. Name and Address of New Registered Agent**

Name Louise Caranci
Street Address (P.O. Box Number is Not Acceptable)
18975 Collins Ave # B208
City Miami Beach FL Zip Code 33160

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 Louise Caranci Pres. Jan. 14 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 | VP<br>SIGLER, JOSE<br>18975 COLLINS AVE., #A201<br>MIAMI BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Omer Landry<br>15 West 57 Street<br>Hialean FL 33012 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARANCI, RALPH<br>18975 COLLINS AVE, #B208<br>MIAMI BEACH FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Charles Phillips<br>42 Sping Street<br>Sommerville MA 02143 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CARANCI, LOUISE<br>18975 COLLINS AVE., #B208<br>MIAMI BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LEVESQUE, ROBERT<br>523 CHAMBERLAIN<br>BOISBRIAND QU | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DESTEFANO, RALPH<br>523 BENNINGTON STREET<br>EAST BOSTON MA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>IAVARONE, STEPHEN<br>6423 SW 7TH ST<br>PEMBROKE PINES FL 33023 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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: Louise Caranci Pres. Jan. 14 2000