

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90006 001 \*\*\*\*61.25

**DOCUMENT # 748739**

1. Entity Name

**5825 CORINTHIAN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

5825 COLLINS AVENUE  
 MIAMI BCH FL 33140  
 US

Mailing Address

5825 COLLINS AVENUE  
 MIAMI BCH FL 33140-2213

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2022749**

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

**KNOPKE, JAMES B.**  
 5825 COLLINS AVE  
 MIAMI BCH, FL  
 33140

7. Name and Address of New Registered Agent

Name: **Becker & Poliakoff, P.A.**  
 Street: **5201 BLUE LAGOON DRIVE, ST 100**  
 Attention: **TONY KALICHE**  
 City: **Miami, FL** Zip: **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]* **Anthony (Tony) Kaliche Becker & Poliakoff P.A.** 4/11/00  
(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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FECKETE, WILLIAM</b>	
STREET ADDRESS	<b>5825 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNOPKA, FELIPE D</b>	
STREET ADDRESS	<b>5825 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LITZ, NORMAN</b>	
STREET ADDRESS	<b>5825 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KECK, MICHAEL</b>	
STREET ADDRESS	<b>5825 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BERNSTEIN, IRWIN</b>	
STREET ADDRESS	<b>5825 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNOPKE, JAMES</b>	
STREET ADDRESS	<b>5825 COLLINS AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Feckete, William</b>	
STREET ADDRESS	<b>5825 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Chase, Barry</b>	
STREET ADDRESS	<b>5825 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Vuetta, Xiomara</b>	
STREET ADDRESS	<b>5825 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Keck, Michael</b>	
STREET ADDRESS	<b>5825 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>Assistant Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gustavo Bengoched</b>	
STREET ADDRESS	<b>5825 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE	<b>Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kutell, Michael Dr.</b>	
STREET ADDRESS	<b>5825 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	

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]* **WILLIAM FECKETE**

4/1/00

305-865-3506

CR2E037 (9/99)