

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90382 040 \*\*\*\*61.25

**DOCUMENT # 755468**  
 1. Entity Name  
**CALUSA POINT ASSOCIATION, INC.**

Principal Place of Business 13310 SW 88TH TERR MIAMI FL 33186 US	Mailing Address C/O THE CONTINENTAL GROUP 12079 SW 131ST AVE MIAMI FL 33186-6475 US
---	---

2. Principal Place of Business	3. Mailing Address <b>PO Box 165823</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>MIAMI FL</b>
Zip	Country
	Zip <b>331165823</b>
	Country <b>Flade</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SIEGFRIED, RIVERA L PA**  
**201 ALHAMBRA CIRCLE**  
**#1102**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, SHARON	
STREET ADDRESS	13311-D SW 88TH TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHIRINO, MARIA	
STREET ADDRESS	13340-F SW 88TH TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARZON, HAMMERIS	
STREET ADDRESS	13370-C SW 91ST TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ACOSTA, CHRISTINA	
STREET ADDRESS	13321-F SW 88TH TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOXMEYER, CHARLES	
STREET ADDRESS	9079-B SW 133RD CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILIANA FALCONE	
STREET ADDRESS	13391 E SW 88 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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		

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: Sharon Lopez Sharon Lopez 2-2-00 305 836-0012  
 DIRECTOR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #