

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90153 035 \*\*\*\*61.25

**DOCUMENT # 760275**

1. Entity Name

**INDIAN CREEK CLUB & MARINA CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

LAND CAP PROPERTY SERVICE  
 13800 S.W. 144 AVE. ROAD  
 MIAMI FL 33186  
 US

LAND CAP PROPERTY SERVICE  
 13800 S.W. 144 AVE. ROAD  
 MIAMI FL 33186-6765  
 US

2. Principal Place of Business

3. Mailing Address

6830 Indian Creek

Complete & Reliable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7100 SW 99 Ave, #204

City & State

City & State

Miami Beach, FL

Miami, FL

Zip

Country

Zip

Country

33160

33173



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2185566

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

COMPLETE & RELIABLE MANAGEMENT  
 9745 S.W. 72 STREET, #211  
 MIAMI FL 33173

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, 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	<input type="checkbox"/> Delete
NAME	MARTINEZ, DANIEL	
STREET ADDRESS	6830 INDIAN CREEK DR. 6F	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STABINSKI, LUIS	
STREET ADDRESS	757 NW 27TH AVE.	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEREZ, ELEIDA	
STREET ADDRESS	6830 INDIAN CREEK DRIVE A-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUHARTE, LILLIAN	
STREET ADDRESS	6830 INDIAN CREEK DR, 3C	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAFAELA, OCHOA	
STREET ADDRESS	6830 INDIAN CREEK DRIVE #9E	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2000

305-598-40

Date

Daytime Phone #