

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90076 047 ****61.25

DOCUMENT # N01832

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 1

Principal Place of Business

Mailing Address

% GUARANTEE MANAGEMENT SERVICES, INC.
 111 FOUNTAINBLEAU BLVD.
 MIAMI FL 33172

% GUARANTEE MANAGEMENT SERVICES, INC.
 111 FOUNTAINBLEAU BLVD.
 MIAMI FL 33172-4507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2564904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUBITZ, ALAN H.
1500 SAN REMO AVE., #220
CORAL GABLES FL 33146

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 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 Delete
 NAME **PD**
 STREET ADDRESS **PETRALITO, JOHN**
 CITY-ST-ZIP **4950 NW 102ND AVE #204**
MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **GARCIA, MARIA D**
 CITY-ST-ZIP **4950 NW 102 AVE., #104**
MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **SOLIS, ROBERTO**
 CITY-ST-ZIP **4950 N.W. 102ND AVE., #201**
MIAMI FL 33178

TITLE Change Addition
 NAME **JIMENEZ, HECTOR**
 STREET ADDRESS **4950 N.W. 102 AVE., #101**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE Delete
 NAME **S**
 STREET ADDRESS **BANAAG, INA**
 CITY-ST-ZIP **4950 102 AVE., #102**
MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **FERREY, AURA M**
 CITY-ST-ZIP **4950 NW 102ND AVE**
MIAMI FL 33178

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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

3/1/00

(305) 592-8338

Date

Daytime Phone #

CR2E037 (9/99)