

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90039 007 \*\*\*\*61.25

DOCUMENT # **N93000004279**

1. Entity Name

**THE INVERRARY RESORT HOTEL CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

**3501 INVERRARY BLVD.  
LAUDERHILL FL 33319**

**3501 INVERRARY BLVD.  
LAUDERHILL FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0406094**

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

**HOLODAK, EDWARD F PA  
2500 HOLLYWOOD BLVD.  
#203  
HOLLYWOOD FL 33020**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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  
After September 12, 2001, min. will be \$236.25**

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: **DP**  Delete  
NAME: **ARZAMENDI, MARIO**  
STREET ADDRESS: **3501 INVERRARY BLVD.**  
CITY-ST-ZIP: **LAUDERHILL FL 33319**

TITLE: **DPV**  Delete  
NAME: **PAPPAS, PETER**  
STREET ADDRESS: **3501 INVERRARY BLVD.**  
CITY-ST-ZIP: **LAUDERHILL FL 33319**

TITLE: **DST**  Delete  
NAME: **TADEO, ALFONSO**  
STREET ADDRESS: **3501 INVERRARY BLVD.**  
CITY-ST-ZIP: **LAUDERHILL FL 33319**

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE: **VP PRESIDENT**  Change  Addition  
NAME: **ULION RAMIREZ**  
STREET ADDRESS: **6463 RACQUET CLUB DR**  
CITY-ST-ZIP: **LAUDERHILL FL 33319** **DIRECTOR**

TITLE: **SECRETARY - TREASURER**  Change  Addition  
NAME: **PAPPAS, PETER**  
STREET ADDRESS: **3501 INVERRARY BLVD** **DIRECTOR**  
CITY-ST-ZIP: **LAUDERHILL FL 33319**

TITLE: **VICE PRESIDENT**  Change  Addition  
NAME: **JOSE PEREZ**  
STREET ADDRESS: **3501 INVERRARY BLVD** **DIRECTOR**  
CITY-ST-ZIP: **LAUDERHILL FL 33319**

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/4/2001 954 4850500**  
Date Daytime Phone #

CR2E037 (5/01)