

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90179 045 ****70.00

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1. Entity Name

THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5333 COLLINS AVENUE
MIAMI BEACH FL 33140**

Mailing Address

**306 ALCAZAR AVE STE 303
CORAL GABLES FL 33134**

2. Principal Place of Business

5333 Collins Ave
Suite, Apt. #, etc.

3. Mailing Address

14275 Sw 142 Ave
Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami, FL

4. FEI Number

65-0639960

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GLOBAL INVESTMENT PROPERTIES, INC.
5333 COLLINS AVENUE, SUITE 707
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

SKRLD, Inc.
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle
11th Floor
City **Coral Gables** **FL** Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Helio Delatorre Pres.

2/19/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WRETSELL, HAKAN 5333 COLLINS AVE 202 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FERNANDEZ, GLORIA 5333 COLLINS AVE 401 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDEZ, JOHN 5333 COLLINS AVENUE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kazanjian, Edward 5333 Collins Ave # 809 Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Reynard, Robert 5333 Collins Ave # 601 Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Maria Elena Negrin 5333 Collins Ave # 1406 Miami Beach, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Helio Delatorre

2/23/03

35-865-0567

CR2E037 (10/02)