

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004032

1. Entity Name

MAISON PACO RABANNE CONDOMINIUM ASSOCIATION, INC

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90032 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5900 COLLINS AVE  
MANAGEMENT OFFICE  
MIAMI BEACH FL 33140  
US

5900 COLLINS AVE  
MANAGEMENT OFFICE  
MIAMI BEACH FL 33140-2260  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3611845

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

HESS, DAVID  
6345 COLLINS AVENUE  
MIAMI BEACH FL 33141

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

*David Hess*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

6/20/00  
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

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | HESS, DAVID        |  |
| STREET ADDRESS | 6345 COLLINS AVE   |  |
| CITY-ST-ZIP    | MIAMI BCH FL 33141 |  |
| TITLE          | VPD                | <input checked="" type="checkbox"/> Delete |
| NAME           | KROEFF, PAULO      |  |
| STREET ADDRESS | 5900 COLLINS AVE   |  |
| CITY-ST-ZIP    | MIAMI BCH FL 33140 |  |
| TITLE          | SD                 | <input checked="" type="checkbox"/> Delete |
| NAME           | FRANCA, RUY        |  |
| STREET ADDRESS | 5900 COLLINS AVE   |  |
| CITY-ST-ZIP    | MIAMI BCH FL 33140 |  |
| TITLE          | TO                 | <input checked="" type="checkbox"/> Delete |
| NAME           | HESS, DAVID        |  |
| STREET ADDRESS | 6345 COLLINS AVE   |  |
| CITY-ST-ZIP    | MIAMI BCH FL 33141 |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | EDUARDO DEFORTUNA          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PRESIDENT                  |  |
| STREET ADDRESS | 5900 COLLINS AVENUE        |  |
| CITY-ST-ZIP    | MIAMI BEACH 33140          |  |
| TITLE          | VICE PRESIDENT             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ULISES R. WILTZ            |  |
| STREET ADDRESS | 7445 S.W. 34th TERRACE     |  |
| CITY-ST-ZIP    | MIAMI, FLORIDA 33155       |  |
| TITLE          | SECRETARY/TRES             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | HECTOR DASSO               |  |
| STREET ADDRESS | 5900 COLLINS AVENUE        |  |
| CITY-ST-ZIP    | MIAMI BEACH, FLORIDA 33140 |  |
| 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 305-868-5900  
Day Daytime Phone #

CR2E037 (9/99)