

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000006653**

1. Entity Name

**CAPTIVA CONDOMINIUM C ASSOCIATION, INC.**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90067 020 \*\*\*\*61.25

Principal Place of Business	Mailing Address
760 N.W. 107 AVE., #201 MIAMI FL 33172	760 N.W. 107 AVE., #201 MIAMI FL 33172-3155

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<b>65-0883173</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>KTG&amp;S REGISTERED AGENT CORPORATION</b> <b>NATIONSBANK TOWER</b> <b>100 S.E. 2ND ST., STE. 2800</b> <b>MIAMI FL 33131-2144</b>	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 \_\_\_\_\_ (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	DP <input checked="" type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLODOWITZ, JOE	NAME	JOSEPH REBUCK
STREET ADDRESS	760 N.W. 107 AVE., #201	STREET ADDRESS	760 NW 107 <sup>th</sup> AVE. #201
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, DEANNA	NAME	
STREET ADDRESS	760 N.W. 107 AVE., #201	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALEX	NAME	RUSSELL IRIZARY
STREET ADDRESS	760 N.W. 107 AVE., #201	STREET ADDRESS	760 NW 107 <sup>th</sup> AVE. #201
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	MIAMI, FL. 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: Joseph Rebeck 1/19/00 305-539-1957  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)