

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770520

1. Entity Name

THE GRAND CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 004 ****70.00

Principal Place of Business

1717 N. BAYSHORE DR
MIAMI FL 33132-1148

Mailing Address

1717 N. BAYSHORE DR
MIAMI FL 33132-1180

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

59-2362349

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

EISINGER, DENNIS
C/O PHILLIPS, EISINGER & KOSS, P.A.
4000 HOLLYWOOD BLVD, STE 265 SOUTH
HOLLYWOOD FL 33021

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	T	<input type="checkbox"/> Delete
NAME	GRIMES, JULIE	
STREET ADDRESS	1717 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAMTER, RON	
STREET ADDRESS	1717 N BAYSHORE DR #4232	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEPH, FRED	
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 3856	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERA, EDUARDO A	
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 2931	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRIEGER, STANLEY	
STREET ADDRESS	1717 N. BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACLE, ROBERT	
STREET ADDRESS	1717 N BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, PETER	
STREET ADDRESS	1717 N. BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERUBE, CHRISTIAN	
STREET ADDRESS	1717 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINARES, JULIAN	
STREET ADDRESS	1717 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL	
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: Eduardo A. Rivera Jan. 27, 00 (305) 349 1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (9/99)