

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003227

1. Entity Name

SHELBORNE OCEAN BEACH HOTEL CONDOMINIUM ASSOCIAT

Principal Place of Business

1801 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address

1801 COLLINS AVE
MIAMI BEACH FL 33139-7414

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

65-0427809

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

PERSAUD, SAMUEL A ESQ.
1450 MADRUGA AVENUE, SUITE 300
CORAL GABLES FL 33146

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

TITLE	PD	☐ Delete
NAME	REIBEL, ALBERT	
STREET ADDRESS	1801 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	☐ Delete
NAME	NIN, BAUDILIO	
STREET ADDRESS	1801 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	☐ Delete
NAME	WEINTRAUB, STUART	
STREET ADDRESS	1801 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-27-2000 90177 001 ****61.25



DO NOT WRITE IN THIS SPACE

01/27/2000

1/27/00 305.673-1119