

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711148

1. Entity Name

711 CONDOMINIUM, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90036 010 \*\*\*\*78.75

Principal Place of Business

710 11TH ST APT 2  
MIAMI BCH FL 33139  
US

Mailing Address

710 11TH ST. APT 2  
MIAMI BCH FL 33139-8307  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BETTY NEMTZOV

MIAMI, FL

710 11TH ST, APT 2  
M BEACH FL 33139

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

Betty Nemtsov

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/00

FILE NOW:

FEE IS \$61.25

PLUS 17.50 } 78.75

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	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>MIAMI, FL</del>	
STREET ADDRESS	710 11 ST. #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	<del>MIAMI, FL</del>	
STREET ADDRESS	710 11 ST. #6	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	<del>MIAMI, FL</del>	
STREET ADDRESS	710-11TH ST #1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DS (DS)	<input type="checkbox"/> Delete
NAME	NEMTZOV, BETTY	
STREET ADDRESS	710 11 ST #2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN OWENS	
STREET ADDRESS	710-11TH ST #1	
CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33139	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL LEVY	
STREET ADDRESS	710-11TH ST. #6	
CITY-ST-ZIP	MIAMI BEACH FLORIDA 33139	
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		
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:

Betty Nemtsov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

305) 673-8157

Daytime Phone #

CR2E037 (9/99)