

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002817

1. Entity Name

TOTAL SUNSET OWNER'S ASSOCIATION, INC.

Principal Place of Business

2720 CORAL WAY
MIAMI FL 33145

Mailing Address

2720 CORAL WAY
MIAMI FL 33145-3202

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

APPLIED FOR

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

SCHLOSBERG, DAVID
TOTAL BANK BLDG.
2720 CORAL WAY
MIAMI FL 33145

Name

DAVID I. SCHLOSBERG

Street Address (P.O. Box Number is Not Acceptable)
TOTALBANK BUILDING

2720 CORAL WAY

City

MIAMI,

FL

Zip Code
33145

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.

DAVID I. SCHLOSBERG

03/29/00

(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 PD ☐ Delete
NAME HEFFERNAN, WILLIAM J
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

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

TITLE VSD ☐ Delete
NAME SCHLOSBERG, DAVID
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

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

TITLE VTDS ☒ Delete
NAME VIDAL, HECTOR
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☒ Addition
NAME VTDS
STREET ADDRESS SPRING, LARRY M.
CITY-ST-ZIP 2720 CORAL WAY
MIAMI, FL 33145

TITLE VD ☒ Delete
NAME CARVALLO, JORGE N
STREET ADDRESS 2720 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☒ Addition
NAME VTD
STREET ADDRESS MANRARA, ALBERTO G.
CITY-ST-ZIP 2720 CORAL WAY
MIAMI, FL 33145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X *William J. Heffernan* REQUIRED WILLIAM J. HEFFERNAN 03/29/00 (305) 476-6254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90017 024 ****61.25



DO NOT WRITE IN THIS SPACE