

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40419

1. Entity Name

THE WAVES CONDOMINIUM ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90050 034 ****61.25

Principal Place of Business

Mailing Address

9455 COLLINS AVE
OFFICE
SURFSIDE FL 33154
US

9455 COLLINS AVE
OFFICE
SURFSIDE FL 33154-2674
US

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

65-0305088

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

ROBERTS MANAGEMENT & REALTY CO
1840 NE 153RD STREET
N MIAMI BEACH FL 33162

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 PD ☐ Delete
NAME DINATALE, BEN
STREET ADDRESS 9455 COLLINS AVE #904
CITY-ST-ZIP SURFSIDE FL

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

TITLE VP ☐ Delete
NAME MAYERS, LOUIS
STREET ADDRESS 9455 COLLINS AVE PH5
CITY-ST-ZIP SURFSIDE FL

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

TITLE D ☐ Delete
NAME LIEBLICH, ETHELYN
STREET ADDRESS 9455 COLLINS AVE 404
CITY-ST-ZIP SURFSIDE FL

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

TITLE DS ☐ Delete
NAME PICKMAN, JEAN
STREET ADDRESS 9455 COLLINS AVENUE
CITY-ST-ZIP SURFSIDE FL 33154

TITLE D ☐ Change ☒ Addition
NAME JUVIAN NAMIER
STREET ADDRESS 9455 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL 33154

TITLE DV ☒ Delete
NAME LERNER, STAN
STREET ADDRESS 9455 COLLINS AVE
CITY-ST-ZIP SURFSIDE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)