

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90288 015 \*\*\*\*61.25

**DOCUMENT # N94000004278**

1. Entity Name

**CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI BEAC**

Principal Place of Business

6345 COLLINS AVE  
 MIAMI BEACH FL 33141  
 US

Mailing Address

6345 COLLINS AVE  
 MIAMI BEACH FL 33141 4614  
 US

2. Principal Place of Business

3. Mailing Address *c/o Excel Management Assoc*  
 275 Fontainebleau Blvd.  
 Suite, Apt. #, etc.  
 # 140

Suite, Apt. #, etc.

City & State

City & State  
 MIAMI, FL

Zip

Country

Zip 33172

Country USA

4. FEI Number

65-0516441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

EISINGER, DENNIS  
 4000 HOLLYWOOD BLVD  
 SUITE 265-SOUTH  
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name  
 SYLVIA PIQUE  
 Street Address (P.O. Box Number is Not Acceptable)  
 c/o EXCEL MANAGEMENT ASSOC.  
 275 Fontainebleau Blvd. Suite 140  
 City MIAMI FL Zip Code 33172

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

*Sylvia Pique as agent for the Association*

4/30/00

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	<input type="checkbox"/> Delete
NAME	ACOSTA, MARIA	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHECHER, RICHARD	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROJAS, SARA	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARITZA ALVAREZ	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH, 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		
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 305-207-2343

CR2E037 (9/99)