

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004278**

1. Entity Name  
 CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC

Principal Place of Business 6345 COLLINS AVE  MIAMI BEACH 33141	FL	Mailing Address 6345 COLLINS AVE  MIAMI BEACH 33141	FL
-----------------------------------------------------------------------------	----	-----------------------------------------------------------------	----

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  
**65-0516441**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 PIQUE SYLVIA  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 DATE 05/01/2001  
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	STD <input type="checkbox"/> Delete
NAME	ROJAS SARA
STREET ADDRESS	6345 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VPD <input type="checkbox"/> Delete
NAME	SCHECHER RICHARD
STREET ADDRESS	6345 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> Delete
NAME	ACOSTA MARIA
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO GLORIA
STREET ADDRESS	7834 SW 21 TE
CITY-ST-ZIP	MIAMI FL 33155
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ MARITZA
STREET ADDRESS	1432 SW 124 PL
CITY-ST-ZIP	MIAMI FL 33184
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA MARIA
STREET ADDRESS	12731 NW 11 ST
CITY-ST-ZIP	MIAMI FL 33182
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)(f), 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: MARIA ACOSTA P/D DATE 05/01/2001

CR2E037 (11/00)