

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0015786

**DOCUMENT # 752257**

1. Entity Name

**1446 OCEAN DRIVE ASSOCIATION, INC.**

04-08-2002 90061 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1446 OCEAN DRIVE  
P O BOX 41-4110  
MIAMI BEACH FL 33141**

**C/O WOODS MANAGEMENT  
2740 W 5 AVE  
HIALEAH FL 33010  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1684364**

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

**DELGADO, JOAQUIN R  
2740 W 5 AVE  
HIALEAH FL 33010**

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

*Joaquin R. Delgado*

*John A. ...*

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 **D** ☒ Delete  
NAME **CASANOVA, CLAUDIA**  
STREET ADDRESS **2025 BRICKELL AVE., #704**  
CITY-ST-ZIP **MIAMI BEACH FL 33129**

TITLE **DP** ☐ Change ☒ Addition  
NAME **WILLIAM CABEZAS**  
STREET ADDRESS **1446 OCEAN DRIVE #21**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DV** ☒ Delete  
NAME **MAZZARESE, JOSEPH**  
STREET ADDRESS **6898 SE 130 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Change ☐ Addition  
NAME **JOSE GARCIA**  
STREET ADDRESS **1446 OCEAN DR #36**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DS** ☐ Delete  
NAME **GARANTE, FRAN**  
STREET ADDRESS **1446 OCEAN DRIVE #18**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME **FLEITES, TONY**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FLEITES, TORY**  
STREET ADDRESS **5790 SW 16ST**  
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **TD** ☐ Delete  
NAME **MERLE, LARA**  
STREET ADDRESS **236 COLUMBUS BOULEVARD**  
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **DP** ☐ Delete  
NAME **WINCELE, HOWARD**  
STREET ADDRESS **1446 OCEAN DR. #29**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DV** ☒ Change ☐ Addition  
NAME **HOWARD WINCELE.**  
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:

*William Cabezas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/31/02*

Date

*305-592-1122*

Daytime Phone #

CR2E037 (9/01)