

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707048

1. Entity Name

73 EDGEWATER DRIVE CONDOMINIUM INC

Principal Place of Business

73 EDGEWATER DRIVE
SUITE 2
MIAMI FL 33133
US

Mailing Address

73 EDGEWATER DRIVE
SUITE 2
CORAL GABLES FL 33133-6931
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MORETZ, ARLENE
73 EDGEWATER DR
#2
CORAL GABLES FL 33133

4. FEI Number

65-0267752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME BANKO, CONNIE
STREET ADDRESS 73 EDGEWATER DR. #4
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE STD ☐ Delete
NAME MORETZ, ARLENE
STREET ADDRESS 73 EDGEWATER DR. #2
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE VPD ☐ Delete
NAME RIVERA, LESLIE
STREET ADDRESS 73 EDGEWATER DR. #4
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE VPD ☐ Delete
NAME VALENTA, VIRGINIA
STREET ADDRESS 3401 N COUNTRY CLUB DR. #803
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Valerie M. Reservoir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90149 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)