

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90119 036 \*\*\*\*61.25

**DOCUMENT # 709822**

1. Entity Name

**8000 CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**8000 HARDING AVE  
 MIAMI BEACH FL 33141**

**8000 HARDING AVE  
 MIAMI BEACH FLA 33141-1634**

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

**59-1148319**

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

7. Name and Address of New Registered Agent

**PAEZ, ANTONIO A  
 8000 HARDING AVE APT 4-C  
 MIAMI BEACH FL 33141**

Name **DE QUESADA IGNACIO**

Street Address (P.O. Box Number is Not Acceptable)

**8000 HARDING AVE. APT. 5E  
 MIAMI BEACH, FL 33141**

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.

**IGNACIO DE QUESADA, PRESIDENT**

SIGNATURE

*Ignacio De Quesada*

**1/13/2000**

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  Delete  
 NAME **PD PAEZ, ANTONIO A**  
 STREET ADDRESS **8000 HARDING AVE APT 4-C**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME **PD DE QUESADA IGNACIO**  
 STREET ADDRESS **8000 HARDING AVE. APT. 5E**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE  Delete  
 NAME **TD GUILLERMO, JOSENDE**  
 STREET ADDRESS **8000 HARDING AVE APT 6-C**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD IGNACIO, DE QUESADA**  
 STREET ADDRESS **8000 HARDING AVE APT 5-E**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME **SD RICHARD SANTAMARIA**  
 STREET ADDRESS **8000 HARDING AVE. APR. 4B**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE  Delete  
 NAME **V DE QUESADA, IGNACIO**  
 STREET ADDRESS **8000 HARDING AVE APT 5-E**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME **VD JOSENDE GUILLERMO**  
 STREET ADDRESS **8000 HARDING AVE. APT. 6C**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE  Delete  
 NAME **M FUSH, HAMS**  
 STREET ADDRESS **8000 HARDING AVE APT 4-E**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **M SANCHEZ, IRAIDA**  
 STREET ADDRESS **8000 HARDING AVE APT 2-A**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

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:

*Ignacio De Quesada*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/2000 305-861-6170**

Date

Day/Time Phone #

CR2E037 (9/99)