

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710750**

1. Entity Name

BROADWATER BEACH ARMS I, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90068 009 ****61.25

Principal Place of Business

**6490 COLLINS AVENUE
MIAMI BEACH FL 33141**

Mailing Address

**6490 COLLINS AVENUE
MIAMI BEACH FL 33141**

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

59-0995649

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**AMOR, JOSE A
6490 COLLINS AV. APT. 12-B
MIAMI BEACH FL 33141**

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	<input type="checkbox"/> Delete
NAME	NAVIA, SILVIA H	
STREET ADDRESS	6490 COLLINS AVE #1	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LIMONTE, NELITA	
STREET ADDRESS	6490 COLLINS AVE APT 3	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	SD	<input type="checkbox"/> Delete
NAME	AMOR, JOSE A	
STREET ADDRESS	6490 COLLINS AVE APT 12-B	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	TD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, SONIA	
STREET ADDRESS	6490 COLLINS AVE 1	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARAGONES, MARIBEL	
STREET ADDRESS	1037 S.W. 16 AVE	
CITY-ST-ZIP	MIAMI FL 33145	

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		<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		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS ALVAREZ	
STREET ADDRESS	6490 COLLINS AVE #18	
CITY-ST-ZIP	MIAMI BEACH, FL. 33141	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
Date

Daytime Phone #

CR2E037 (10/00)