

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90501 021 ****75.00

DOCUMENT # 716054

1. Entity Name

DOMINO ONE CONDOMINIUM, INC.

Principal Place of Business

**8001 CRESPI BOULEVARD
 MIAMI BEACH FLA 33141**

Mailing Address

**8001 CRESPI BOULEVARD
 MIAMI BEACH FLA 33141**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1310473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CAVATORTA, MARCELO
 8001 CRISPI BLVD.
 APT. 2-A
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **Carlos Gimenez**

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

**8001 Crespi Blvd Apt. 5-B
 Miami Beach, Florida 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.

SIGNATURE **Carlos Gimenez**

305-864 8608

3/15/001

Signature, typed or printed name of registered agent, 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 NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, LUISA 8001 CRESPI BLVD. 2-D MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EUGENIO MENENDEZ 8001 CRESPI BLVD 5-D MIAMI BCH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYES, AMPARO 8001 CRESPI BLVD 7-D MIAMI BCH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERAGUE, LEONARD A 8001 CRESPI BLVD 4-B MIAMI BCH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVATORTA, MARCELO 8001 CRESPI BLVD 2-A MIAMI BCH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EUGENIO MENENDEZ 8001 CRESPI BLVD 5-D MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T AMPARO REYES 8001 CRESPI BLVD. 7-B MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROLINA RAMOS 8001 CRESPI BLVD 4-B MIAMI BEACH FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLOS M. GIMENEZ 8001 CRESPI BLVD. 5-B MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Eugenio Menendez**

3/15/001

305-866-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laytime Phone #

CR2E037 (10/00)