

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90210 012 \*\*\*\*\*70.00

**DOCUMENT # 716054**

1. Entity Name

**DOMINO ONE CONDOMINIUM, INC.**



Principal Place of Business

**8001 CRESPI BOULEVARD  
MIAMI BCH FL 33141**

Mailing Address

**8001 CRESPI BOULEVARD  
MIAMI BCH 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 **59-1310473**

Applied For

Not Applicable

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

**GIMENEZ, CARLOS  
8001 CRESPI BV  
APT 5B  
MIAMI FL 33141**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>MENENDEZ, EUGENIO</b>	
CITY-ST-ZIP	<b>8001 CRESPI BV 5D MIAMI BEACH FL 33141</b>	
TITLE NAME	<b>T</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>REYES, AMPARO</b>	
CITY-ST-ZIP	<b>8001 CRESPI BV 7B MIAMI FL 33141</b>	
TITLE NAME	<b>V</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BERGEN, HAROLD</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD 4D MIAMI BCH FL 33141</b>	
TITLE NAME	<b>S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>GIMENEZ, CARLOS M</b>	
CITY-ST-ZIP	<b>8001 CRESPI BV 5B MIAMI BCH FL 33141</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>RAMOS, RUBEN</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD 4B MIAMI BCH FL 33141</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>DIAZ, MARIO</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD 2C MIAMI FL 33141</b>	

TITLE NAME	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>BERGEN HAROLD</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD APT 4D MIAMI BEACH FL 33141</b>	
TITLE NAME	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>DIAZ MARIO</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD APT 2-C MIAMI BEACH FL 33141</b>	
TITLE NAME	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>GIMENEZ CARLOS M</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD APT 5-B MIAMI BEACH FL 33141</b>	
TITLE NAME	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>MONTAYA BEATRIZ</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD. APT 5-C MIAMI BEACH FL 33141</b>	
TITLE NAME	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>RAMOS RUBEN</b>	
CITY-ST-ZIP	<b>8001 CRESPI BLVD APT 4B MIAMI BEACH FL 33141</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**CARLOS M. GIMENEZ** 04/06/03 305 864 8608

CR2E037 (10/02)