

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90021 004 \*\*\*\*\*5.00  
 08-28-2000 90033 042 \*\*\*\*\*61.25

**DOCUMENT # 717812**

1. Entity Name  
**141 SOUTH SHORE DRIVE CONDOMINIUM, INC.**

*R*

Principal Place of Business  
**141 SOUTH SHORE DRIVE, APT. 2  
 MIAMI BEACH FL 33141  
 US**

Mailing Address  
**7333 CARLYLE AVE., APT. 2  
 MIAMI BEACH FL 33141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*141 South Shore  
 Drive APT 2*

3. Mailing Address  
*7333 Carlyle Ave  
 Apt 2, Miami B. FL*

City & State  
*miami beach FL*

City & State  
*Florida*

4. FEI Number  
**59-1500410**

Applied For  
 Not Applicable

Zip  
*33141*

Zip  
*33141*

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

6. Name and Address of Current Registered Agent  
**GARCES, BEATRIZ  
 7333 CARLYLE AVE., APT. 2  
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
 Name  
*Beatriz Garces*  
 Street Address (P.O. Box Number is Not Acceptable)  
*7333 Carlyle Ave*  
*miami beach*  
 City  
*FL* Zip Code  
*FL 33141*

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 *Beatriz Garces*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *8/23/00*

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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	<b>PO</b> <b>MUNOZ, REBECA</b> <b>141 SOUTH SHORE DRIVE, APT. 2</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PLAZA, LUZ M</b> <b>141 SOUTH SHORE DRIVE, APT. 3</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GARCES, BEATRIZ</b> <b>7333 CARLYLE AVE., #2</b> <b>MIAMI BEACH FL 33141</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/22/00* Daytime Phone # *305 861-0779*

CR2E037 (5/00)