

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720665

1. Entity Name

DIPLOMAT MALL MERCHANTS ASSOCIATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90047 001 ****61.25

Principal Place of Business

Mailing Address

C/O MARTIN P. NASH
7331 CORAL WAY, SUITE 250
MIAMI FL 33155

C/O MARTIN P. NASH
7331 CORAL WAY, SUITE 250
MIAMI FL 33155-1495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1437733

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NASH, MARTIN P
7331 CORAL WAY
SUITE 250
MIAMI FL 33155

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VIRANI, ASIP
1553 E HALLANDAL BEACH
HALLANDALE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELAINE CALIENDO
1725 E HALLANDALE BCH BL
HALLANDALE FL ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HOFSTETTER, JILL
1725 E HALLANDALE BLVD
HALLANDALE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
VIRANI, ASIF
1553 E HALLANDALE BCH BL
HALLANDALE FL ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUZMAN, MAYRA
1200 BISCAYNE FL #1500
MIAMI FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HALLANEDALE FL ☐ Change ☒ Addition
STD
HOEGGIN, OSCAR
1739 E HALLANDALE BCH BL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HALLANDALE FL ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 reports 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 other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)