

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90477 017 *****61.25

0041806

DOCUMENT # 727318

1. Entity Name

THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3948 N.E. 169TH STREET
 NORTH MIAMI BEACH FL 33160
 US**

**3948 N.E. 169TH STREET
 NORTH MIAMI BEACH FL 33160
 US**

A0030484



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

59-1882599

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

**WEINTRAUB, AMOS
 3600 N.E. 167TH STREET
 NORTH MIAMI BEACH FL 33160**

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 DE RAMON, GONZALO 3948 NE 169TH STREET #501 NORTH MIAMI BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRIA, COSMO 3948 NE 169 STREET #401 NORTH MIAMI BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, YAIR 21120 JIB CT # K-14 AVENTURA FL 33180	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILJE, PAUL 3948 N.E. 169 ST #606 NORTH MIAMI BEACH FL 33160	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD George Leyva 3948 N.E. 169 St. # 201 North Miami Beach, FL 33160	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mario Sotolongo 3948 N.E. 169 St. # 405 North Miami Beach, FL 33160	☐ Change ☒ Addition
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 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 of Gonzalo Ramon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **3/06/01** Daytime Phone # **305.325.0449**

CR2E037 (10/00)