

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737041

1. Entity Name

THE 514 SANTANDER CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90061 024 ****70.00

Principal Place of Business

Mailing Address

514 SANTANDER AVE., UNIT 1
CORAL GABLES FL 33134

514 SANTANDER AVE., UNIT 1
CORAL GABLES FL 33134-6546

2. Principal Place of Business

3. Mailing Address

SAME AS #1

SAME AS #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

KAMBERGER, MARKUS
6790 S.W. 54TH ST.
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

Markus Kamberg *Markus Kamberg* *Jan 12/2000*

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

\$70.00

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 ☐ Delete
NAME PTD
STREET ADDRESS KAMBERGER, MARKUS
CITY-ST-ZIP 6790 S.W. 54TH ST.
MIAMI FL - 33155-

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS CARTER, DAVID
CITY-ST-ZIP 8305 S.W. 118TH TERR.
MIAMI FL 33156-5145

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS LOPEZ, JOSE
CITY-ST-ZIP 2701 RED ROAD
CORAL GABLES FL - 33155

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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:

Markus Kamberg **MARKUS KAMBERGER** *1-12-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)