

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90135 025 ****70.00

DOCUMENT # 737041

1. Entity Name

THE 514 SANTANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

514 SANTANDER AVE., UNIT 1
 CORAL GABLES FL 33134

Mailing Address

514 SANTANDER AVE., UNIT 1
 CORAL GABLES FL 33134

2. Principal Place of Business

SAME AS #1

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

SAME AS #1

Suite, Apt. #, etc.

City & State

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

KAMBERGER, MARKUS
6790 S.W. 54TH ST.
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 KAMBERGER *Markus Kamberg* **FEB 27/2002**

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
+ 8.75

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **JUDITH PANTOJA**
 STREET ADDRESS **514 SANTANDER AVE - UNIT 2.**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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

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

FEB 27/2002

Office: (305) 670-6812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)