

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90624 004 ****61.25

DOCUMENT # 745964

1. Entity Name

DRIFTWOOD ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9241 E BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154
 US**

**9241 E BAY HARBOR DRIVE
 BAY HARBOR ISLANDS FL 33154
 US**

2. Principal Place of Business

3. Mailing Address

3150 NE 212 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

AVENTURA, FL.

4. FEI Number

59-2074617

Applied For

Not Applicable

Zip

Country

Zip

Country

33180

DADE

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

**ROSA M. DE LA CAMARA, ESQ.
 BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DRIVE STE. 100
 MIAMI FL 33126**

Name

SERBER DANIEL

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

2875 NE 191 st.

SUIT 801

City

AVENTURA

FL

Zip Code

33180

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

04.22.02

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 SALTOS, RALPH 9241 E BAY HARBOR DRIVE #22 BAY HARBOR ISLANDS FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CISNEROS, NANCY 9241 E BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FUERST, EDWARD 9261 E. BAY HARBOUR DRIVE BAY HARBOUR ISLAND FL 33154	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLANCO, NORMA 9241 E BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154	<input checked="" 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	PD DJMAL RICARDO 9241 E BAY HARBOR DR. BAY HARBOR ISLAND, FL. 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICARDO WEINSTEIN 9241 E BAY HARBOR DR. BAY HARBOR ISLAND, FL. 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAVER JORGE 9241 E. BAY HARBOR DR. BAY HARBOR ISLAND, FL. 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

RICARDO DJMAL (PD) 04.22.02 (305) 466.1298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037 (9/01)