2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State
06-05-2000 90038 005 ****70.00

DOCUMENT # 749896

1. Entity Name

CIUDAMAR YACHT CLUB, INC.

Principal Place of Business	Mailing Address
9950 S.W. 104TH ST. MIAMI FL 33176	Lilian Radjoy ~~C/O JULIAN HERNANDEZ~~ ~~1150 NW 72ND AVE., SUITE 307~~ ~~MIAMI FL 33126-1320~~ 9950 SW 104 ST Miami, Fl. 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2010265 ☐ 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
~~ARRONTE, RAMON~~ ~~5745 SW 35TH AVE~~ ~~MIAMI FL 33135~~	Name PABLO J. Mila Street Address (P.O. Box Number is Not Acceptable) 8342 SW 5 ST City Miami FL Zip Code 33144

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 _____ May 26 / 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	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	~~S~~ ~~JORGE, SAINZ A~~ ~~6400 SW 92 ST.~~ ~~MIAMI FL 33156~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. PABLO J. Mila 8342 SW 5ST. Miami, Fl. 33144	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~PEDRO, ALVAREZ~~ ~~9701 SW 1 TERR.~~ ~~MIAMI FL 33174~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FERNANDO MARTINEZ P.O. Box 450522 Miami, FL. 33245	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~ARRONTE, RAMON~~ ~~745 S W 35TH AVE~~ ~~MIAMI FL 33135~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T.D. Nancy Mila 8342 SW 5ST Miami, FL. 33144	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ID~~ ~~CEDENO, NICOLAS~~ ~~168 NW 85TH CT~~ ~~MIAMI FL 33015~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CELIA MARTINEZ P.O. Box 450522 Miami, Fl. 33245	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~ROGABAL, FELIX A~~ ~~9200 S W 80TH TERR~~ ~~MIAMI FL 33173~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. LUCIANO MIRANDA 2105 SW 98th AV. Miami, Fl. 33165	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VS~~ ~~GALEGOS, VICTOR~~ ~~6900 SW 138 ST.~~ ~~MIAMI FL 33156~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.T. NIEVES ESTRADA 1532 DORADO Av. Coral Gables, FL.	☑ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED _____ 5/26/00 305-559-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #