

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751960

1. Entity Name

TEMPO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4275 N.W. 18TH STREET #316
MIAMI FL 33126

Mailing Address

275 FOUNTAIN BLEAU BLVD
SUITE 200
MIAMI FL 33172-4576
US

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

59-2033843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, NESTOR
C/O J&M CONDO. MANAGEMENT, INC.
221 SW 22 AVENUE, #219
MAIMI FL 33135

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIEGLE, HERBERT 4265 NW 18TH ST. 210 MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS REYES, LIZZETTE 4265 NW 18 STREET, #205 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D & S ARABI, ELIZABETH 4265 NW 18TH ST., #114 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, OSCAR 4275 NW 18TH ST #314 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALVAN, RUBEN 4275 NW 18 ST #315 MIAMI FL 33126	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDRIS, LOUIS 4275 NW 18 ST 107 MIAMI FL 33126	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LOUIS ANDRIS 215 Fontainebleau Blvd #200 MIAMI FL 33142	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 215 Fontainebleau Blvd #200 MIAMI FL 33142	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S 215 Fontainebleau Blvd #200 MIAMI, FL 33142	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCAR LONGO 215 Fontainebleau Blvd #200 MIAMI, FL 33142	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

02-21-2000 90016 011 ****61.25



DO NOT WRITE IN THIS SPACE