

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752027

1. Entity Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90199 035 ****61.25

Principal Place of Business 275 FONTAINEBLEAU BLVD #200 MIAMI FL 33172 US	Mailing Address 275 FONTAINE BLEAU BLVD. 200 MIAMI FL 33172-4576 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-1998418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FEIN, STEVEN A
930 SOUTH STATE RD 7
PLANTATION FL 33317

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D <input type="checkbox"/> Delete
NAME	PICHARDO, RAFAEL
STREET ADDRESS	2821 N.E. 163 STREET, #5D
CITY-ST-ZIP	NMB FL
TITLE	S <input type="checkbox"/> Delete
NAME	DUBAS, MARGARET
STREET ADDRESS	2821 N.E. 163 STREET, #2R
CITY-ST-ZIP	NMB FL
TITLE	PD <input type="checkbox"/> Delete
NAME	LEVEQUE, GUS
STREET ADDRESS	2821 NE 163 STREET 5-0
CITY-ST-ZIP	N. MIAMI BEACH FL 33160
TITLE	T <input type="checkbox"/> Delete
NAME	FAMBRINI, DAVID
STREET ADDRESS	2821 N.E. 163 STREET, #4N
CITY-ST-ZIP	N. MIAMI BEACH FL 33160
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GIFFORD, AVA
STREET ADDRESS	2821 N.E. 163 STREET, #2K
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	VP <input type="checkbox"/> Delete
NAME	JOINES, JAMES
STREET ADDRESS	2821 N.E. 163 STREET, #3J
CITY-ST-ZIP	N. MIAMI BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200
STREET ADDRESS	Miami FL 33192
CITY-ST-ZIP	Miami FL 33192
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200
STREET ADDRESS	Miami FL 33192
CITY-ST-ZIP	Miami FL 33192
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200
STREET ADDRESS	Miami FL 33192
CITY-ST-ZIP	Miami FL 33192
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200
STREET ADDRESS	Miami FL 33192
CITY-ST-ZIP	Miami FL 33192
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200
STREET ADDRESS	Miami FL 33192
CITY-ST-ZIP	Miami FL 33192

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: **ST AUGUSTINE LEVEQUE** *[Signature]* **805-949-8893**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)