

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

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

59-1998418

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

FEIN, STEVEN A
930 SOUTH STATE RD 7
PLANTATION FL 33317

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200	
STREET ADDRESS	Miami FL 33172	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200	
STREET ADDRESS	Miami FL 33172	
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	275 Fontainebleau Blvd #200	
STREET ADDRESS	Miami FL 33172	
CITY-ST-ZIP		

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 reported 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ST AUGUSTINE LEVEQUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)