

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752027

1. Entity Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90010 018 ****61.25

920583



DO NOT WRITE IN THIS SPACE

Principal Place of Business

275 FONTAINEBLEAU BLVD
#200
MIAMI FL 33172
US

Mailing Address

275 FONTAINE BLEAU BLVD.
200
MIAMI FL 33172
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
Fees 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 ☐ Delete
NAME PICHARDO, RAFAEL
STREET ADDRESS 275 FONTAINE BLEAU BLVD #200
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME DUBAS, MARGARET
STREET ADDRESS 275 FONTAINEBLEAU BLVD #200
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME LEVEQUE, GUS
STREET ADDRESS 275 FONTAINEBLEAU BLVD #200
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME FAMBRINI, DAVID
STREET ADDRESS 275 FONTAINEBLEAU BLVD #200
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME JOINES, JAMES
STREET ADDRESS 275 FONTAINEBLEAU BLVD #200
CITY-ST-ZIP MIAMI FL 33142

TITLE PD ☐ Change ☐ Addition
NAME JOINES, JAMES
STREET ADDRESS 275 Fontainebleau Blvd, Suite 200
CITY-ST-ZIP Miami, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

305-836-1600

Daytime Phone #

CR2E037 (10/00)