

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752027

1. Entity Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90229 035 *****61.25

Principal Place of Business

Mailing Address

275 FONTAINEBLEAU BLVD
MIAMI FL 33172

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

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

TITLE ☐ Delete
NAME ~~PD~~
STREET ADDRESS ~~JAINES, JAMES~~
CITY-ST-ZIP ~~275 FONTAINEBLEAU BLVD #200~~
~~MIAMI FL 33172~~

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ~~D~~
STREET ADDRESS ~~DUBAS, MARGARET~~
CITY-ST-ZIP ~~2821 N.E. 163 ST.~~
~~NO. MIAMI BEACH, FL. 33160~~

TITLE ☒ Change ☐ Addition
NAME ~~S~~
STREET ADDRESS ~~JOHNSON, JAMES~~
CITY-ST-ZIP ~~2821 N.E. 163 ST.~~
~~NO. MIAMI BEACH, FL. 33160~~

TITLE ☒ Change ☐ Addition
NAME ~~PD~~
STREET ADDRESS ~~JOINES, JAMES~~
CITY-ST-ZIP ~~2821 N.E. 163 ST.~~
~~NO. MIAMI BEACH, FL. 33160~~

TITLE ☒ Change ☐ Addition
NAME ~~TD~~
STREET ADDRESS ~~AUGUSTE LEVEQUE~~
CITY-ST-ZIP ~~2821 N.E. 163 ST.~~
~~NO. MIAMI BEACH, FL. 33160~~

TITLE ☒ Change ☐ Addition
NAME ~~VP-D~~
STREET ADDRESS ~~COWHEARD, DAVID~~
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ~~D~~
STREET ADDRESS ~~MEYERS, DORIS A.~~
CITY-ST-ZIP ~~2821 N.E. 163 ST.~~
~~NO. MIAMI BEACH, FL. 33160~~

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

Date

Daytime Phone #

CR2E037 (9/01)