

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90001 027 \*\*\*\*61.25

**DOCUMENT # 752616**

1. Entity Name

**NAUTICO BAY CLUB CONDOMINIUM ASSOCIATION, INC.**

**(R)**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6937 BAY DR.  
 MIAMI BEACH FL 33141  
 US

Mailing Address

6937 BAY DR.  
 MIAMI BEACH FL 33141  
 US

2. Principal Place of Business

900 W. 49 St.

Suite, Apt. #, etc.

220

City & State  
 Hialeah, FL

Zip  
 33012

Country  
 USA

3. Mailing Address

900 W. 49 St.

Suite, Apt. #, etc.

220

City & State  
 Hialeah, FL

Zip  
 33012

Country  
 USA

4. FEI Number

59-2248240

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~GREENBERG SOFA  
 6937 BAY DR #501  
 MIAMI BEACH FL 33141~~

7. Name and Address of New Registered Agent

Name **CLEMENTE J. Delatorre**

Street Address (P.O. Box Number is Not Acceptable)

900 W. 49 St. Ste. 220

City **Hialeah**

FL

Zip Code **33012**

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 *C. J. Delatorre* **CLEMENTE J. Delatorre**

**8/2/2000**

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

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	Delete
PD	<del>GREENBERG SOFA</del>	<del>6937 BAY DR #501</del>	<del>MIAMI BEACH FL 33141</del>	<input checked="" type="checkbox"/>
DVR	<del>MOTOLA SAAC</del>	<del>6937 BAY DR APT 310</del>	<del>MIAMI BEACH FL 33141</del>	<input checked="" type="checkbox"/>
DT	<del>GREG JOSE</del>	<del>6937 BAY DR #501</del>	<del>MIAMI BEACH FL 33141</del>	<input checked="" type="checkbox"/>
SD	<del>VILBER WANA</del>	<del>6937 BAY DR #208</del>	<del>MIAMI BEACH FL 33141</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	<b>MEQUEL A. NAEIN</b>	<b>6937 Bay Dr. UNIT 308</b>	<b>MIAMI BEACH</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVP	<b>JOSE FERNANDEZ</b>	<b>6937 Bay Dr. UNIT 304</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	<b>HELEN SILVER</b>	<b>6937 Bay Dr UNIT 208</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	<b>PAT DURANTE Jr.</b>	<b>6937 Bay Dr. UNIT 306</b>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

**8/2/2000 (305) 821-7668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)