

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 763583

1. Entity Name

DESERT INN CLUB I CONDOMINIUM ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-11-2000 90008 003 ***150.00

Principal Place of Business
INC.
17141 COLLINS AVE.
NORTH MIAMI BEACH FL 33160-3617
US

Mailing Address
INC.
17141 COLLINS AVE.
NORTH MIAMI BEACH FL 33160-3617
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 **59-2473446**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIB, LEONARDO
290 174TH STREET
APT 1509
MIAMI BEACH FL 33160

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
NAME **P**
STREET ADDRESS **LEIB, LEONARDO**
CITY-ST-ZIP **290 174TH STREET, APT 1509**
MIAMI BEACH FL 33160

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

TITLE
NAME **PSD**
STREET ADDRESS **DUPONT, JACQUES**
CITY-ST-ZIP **17141 COLLINS AVENUE**
NORTH MIAMI BEACH FL 33160

TITLE
NAME **D**
STREET ADDRESS **MANIA LEIB**
CITY-ST-ZIP **301 174 ST, APT 1518**
NORTH MIAMI BEACH, FL 33160 ☒ Change ☐ Addition

TITLE
NAME **VPTD**
STREET ADDRESS **TACORONTE, CARMEN**
CITY-ST-ZIP **2353 SW 11TH TERRACE**
MIAMI FL 33135

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)