

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/

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

04-11-2000 90008 003 \*\*\*150.00

**DOCUMENT # 763583**

1. Entity Name

**DESERT INN CLUB I CONDOMINIUM ASSOCIATION, INC.**

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

4. FEI Number

**59-2473446**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEIB, LEONARDO</b>	
STREET ADDRESS	<b>290 174TH STREET, APT 1509</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33160</b>	
TITLE	<del><b>PSD</b></del>	<input type="checkbox"/> Delete
NAME	<del><b>DUPONT, JACQUES</b></del>	
STREET ADDRESS	<del><b>17141 COLLINS AVENUE</b></del>	
CITY-ST-ZIP	<del><b>NORTH MIAMI BEACH FL 33160</b></del>	
TITLE	<b>VPTD</b>	<input type="checkbox"/> Delete
NAME	<b>TACORONTE, CARMEN</b>	
STREET ADDRESS	<b>2353 SW 11TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANIA LEIB</b>	
STREET ADDRESS	<b>301 174 ST, APT 1518</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 517, 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**

Date

Daytime Phone #

CR2E037 (9/99)