

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763750

1. Entity Name
OCEAN BEACH RESORT CONDOMINIUM INC.

Principal Place of Business Mailing Address
17475 COLLINS AVE
SUNNY ISLES, FLA. 33160

2. Principal Place of Business 3. Mailing Address
17475 COLLINS AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SUNNY ISLES, FLA. SUNNY ISLES, FLA
Zip Zip
33160 MIAMI-DADE 33160 MIAMI-DADE

6. Name and Address of Current Registered Agent
KAYE & ROGER, P.A.
6261 N.W. 6TH WAY
ST. LAWRENCE, FLA. 33309

7. Name and Address of New Registered Agent
Name Harold A. Lamar
Street Address (P.O. Box Number is Not Acceptable)
3971 SW, 8TH STREET
City Miami, FL FL Zip Code 33134

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 MARIO A. LAMAR JR. ATTORNEY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

700003194467-4

-04/04/00-01009-023
3/8/2000
*****50.00 DATE *****50.25

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	PRESIDENT IVAN GONZALEZ 17475 COLLINS AVE APT. 121 SUNNY ISLES, FLA. 33160	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT FRANCISCO A. FERNANDEZ 481 W. 34TH PLACE HALEAH, FLA. 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RAMON CASTELLANOS 12210 SW 1ST ST. MIAMI, FLA. 33184	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ELENA HERNANDEZ 1201 E 7 COURT HALEAH, FLA. 33010	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROY EVANS 501 NE 14TH AVE #602 HALLANDALE, FLA. 33009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JORGE HERNANDEZ 2753 W. 70TH PL. HALEAH, FLA. 33016	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CONTINUED.

DIRECTOR
JOHN ROMANICK
524 37TH ST. UNION CITY
N.J. 07087

DIRECTOR
MARY SANTISTEVES
18701 NW 46 AVE
MIAMI, FLA. 33055

PRINIVIL (LISINAPRIL)
Please read accompanying
Prescribing Information
981278-05-P00

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2000 (305) 933 8870
Date Daytime Phone #

FILED

00 MAR 22 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)