

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766621

1. Entity Name

168 CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90003 019 \*\*\*\*61.25

Principal Place of Business

168 SE 1ST STREET  
#802  
MIAMI FL 33131  
US

Mailing Address

P.O. BOX 110223  
MIAMI FL 33111-0223  
US

00018982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2425018

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

7. Name and Address of New Registered Agent

NANCI LANDY P.A.  
150 SE 2 AVENUE  
SUITE 500  
MIAMI FL 33131

Name

Bruce Hornstein

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

317 seventy first street

City

Miami Beach

FL

Zip Code

33141

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.

BRUCE HORNSTEIN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/00

**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 D  
NAME JORDAN, CARLOS  
STREET ADDRESS 117 CAVILAN AVE  
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

TITLE VD  
NAME SABINO, MARCELO  
STREET ADDRESS 1541 BRICKELL AVE #2905  
CITY-ST-ZIP MIAMI FL 33129 ☐ Delete

TITLE SD  
NAME ABRAMS, LEONERD  
STREET ADDRESS 1 NE 1ST STREET #700  
CITY-ST-ZIP MIAMI FL 33132 ☐ Delete

TITLE TD  
NAME VERITE, JORDI  
STREET ADDRESS 168 SE 1 ST #300  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE D  
NAME LEONE, MARCELO  
STREET ADDRESS 168 SE 1ST STREET, 11TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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, email or other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 (305) 375-0720

Date

Daytime Phone #

CR2E037 (9/99)