

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90214 048 \*\*\*\*61.25

**DOCUMENT # N00254**

1. Entity Name

**DUNES BEACH CLUB OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

17001 COLLINS AVE.  
 BOX 298  
 MIAMI BEACH FL 33160

17001 COLLINS AVE.  
 BOX 298  
 MIAMI BEACH FL 33160-3645

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

**59-2359543**

Applied For

Not Applicable

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

**VAZQUEZ, SANTIAGO**  
**17001 COLLINS AVENUE**  
**#298**  
**NORTH MIAMI BEACH FL 33160**

Name

**LUIS CRIADO**

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

**17001 COLLINS AVE.**

**#298**

City

**SUNNY ISLES,**

**FL**

Zip Code  
**33160**

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

*President*

(NOTE: Registered Agent signature required when reinstating)

**JAN-10-2000**

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 STREET ADDRESS CITY-ST-ZIP	<b>TV</b> <b>CRIADO, LUIS</b> <b>17001 COLLINS AVE., #298</b> <b>N. MIAM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CLUNE, AMELIA</b> <b>17001 COLLINS AVE #298</b> <b>N MIAMI BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PEPPLITSCH, PAUL</b> <b>17001 COLLINS AVE #298</b> <b>N MIAMI BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VAZQUEZ, SANTIAGO</b> <b>17001 COLLINS AVENUE, #298</b> <b>SUNNY ISLES FL 33160</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ACOSTA, JULIO</b> <b>17001 COLLINS AVENUE, #298</b> <b>SUNNY ISLES FL 33160</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PEPPLITSCH, PAUL</b> <b>17001 COLLINS AVENUE, #298</b> <b>SUNNY ISLES FL 33160</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LUIS CRIADO</b> <b>17001 COLLINS AVE. #298</b> <b>SUNNY ISLES, FL. 33160</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JOSE SAAL</b> <b>17001 COLLINS AVE. #298</b> <b>SUNNY ISLES, FL. 33160</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>EDUARDO KLINGER</b> <b>17001 COLLINS AVE. #298</b> <b>SUNNY ISLES, FL. 33160</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN-10-2000 (305) 949-3259**

Date

Daytime Phone #

CR2E037 (9/99)