

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90089 011 ****61.25

DOCUMENT # N04944

1. Entity Name

LA PLAYA DE VARADERO MOTEL CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

15995 COLLINS AVE. ASSOC. BOX
 MIAMI BEACH FL 33160
 US

PO BOX 650964
 MIAMI FL 33265-0964
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2447020

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

CASTRO, MARIA
15995 COLLINS APT #B320
SUNNY ISLES 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

Maria Castro

MARIA CASTRO

1-9-99

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 **P** Delete
 NAME **MUNOZ, JUANA**
 STREET ADDRESS **15995 COLLINS AVE #A111**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **AROCHA, ERNESTO**
 STREET ADDRESS **1314 W 38 PLACE**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Change Addition
 NAME **JESUS QUINTERO**
 STREET ADDRESS **7889 WATERWAY DR**
 CITY-ST-ZIP **MIAMI-FL 33155**

TITLE **SD** Delete
 NAME **GUTIERREZ, RAMON**
 STREET ADDRESS **10405 NW 32ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAVERNA, RINA**
 STREET ADDRESS **3430 W 13 AVE**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Change Addition
 NAME **LOURDES CALVO**
 STREET ADDRESS **310 NW 34 AVE**
 CITY-ST-ZIP **MIAMI-FL 33125**

TITLE **P** Delete
 NAME **CASTRO, MARIA**
 STREET ADDRESS **15995 COLLINS AVENUE #A-114**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 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: *Maria Castro*
MARIA CASTRO
PRINCIPAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

Date

(305) 228-2833

Daytime Phone #

CR2E037 (9/99)