

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05983

1. Entity Name

BLUE GRASS BEACH CLUB MOTEL CONDOMINIUM ASSOCIAT

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90088 028 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160
US

Mailing Address
18325 COLLINS AVE
#C3
MIAMI BEACH FL 33160-2495
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SUNNY ISLES BEACH, FL.

4. FEI Number

59-2456699

Applied For

Not Applicable

Zip

Country

Zip

Country

33160-2495

USA

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

EISINGIER, DENNIS, ESQ.
4000 HOLLYWOOD BLVD., #265 S.
HOLLYWOOD FL 33021

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESARDINS, CLAUDE 18325 COLLINS AVENUE, #506 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PIQUETTE, GUY 18325 COLLINS AVENUE #201 SUNNY ISLES BEACH FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOSLOY, NOREEN 18325 COLLINS AVENUE #201 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, PEDRO 1527 BAROCHA AVENUE CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSLOY, NOREEN 18325 COLLINS #619 MIAMI BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCH, ALINA 18325 COLLINS AVENUE #205 CORAL GABLES FL 33160	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID BAER 18325 COLLINS AVE, #618 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISBERG, STEVEN 2810 PALMER DRIVE HOLLYWOOD, FL. 33021	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BOSLOY, NOREEN 18325 COLLINS AVE, #619 SUNNY ISLES BEACH, FL. 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BOSCH, ALINA 18325 COLLINS AVE., #205 SUNNY ISLES BEACH, FL 33160	<input checked="" 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: *Noreen Bosloy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6/2000 (305) 932-1299

Date

Daytime Phone #

CR2E037 (9/99)