

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06354

1. Entity Name

DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 2

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90161 030 ****61.25

Principal Place of Business GUARENTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172	Mailing Address GUARENTEE MANAGEMENT SERVICES, INC. 111 FONTAINBLEAU BLVD. MIAMI FL 33172-4507
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business The Continental Group Suite, Apt. #, etc. 12079 SW 131 Avenue City & State Miami, FL Zip 33186	Country USA	3. Mailing Address The Continental Group, Ltd. Suite, Apt. #, etc. 12079 SW 131 Avenue City & State Miami, FL Zip 33186	Country USA
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4. FEI Number 59-2564899	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LUBITZ, ALAN H.
1500 SAN REMO AVENUE, SUITE 220
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
 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 _____ (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	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ZIEMBA, MARK	
STREET ADDRESS 4970 NW 102 AVE 205	
CITY-ST-ZIP MIAMI FL	
TITLE VPD	<input type="checkbox"/> Delete
NAME ROSARIO, YANNUZZI	
STREET ADDRESS 4870 NW 102 AVE #102	
CITY-ST-ZIP MIAMI FL	
TITLE TD	<input type="checkbox"/> Delete
NAME PAREDES, ANGEL S.	
STREET ADDRESS 4870 NW 102 AVE. #201	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Rosario, Yannuzzi	
STREET ADDRESS 4870 NW 102 Avenue #102	
CITY-ST-ZIP Miami, FL	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ziemba, Mark	
STREET ADDRESS 4970 NW 102 Avenue #205	
CITY-ST-ZIP Miami, FL	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Paredes, Angel S.	
STREET ADDRESS 4870 NW 102 Avenue #201	
CITY-ST-ZIP Miami, FL	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Yannuzzi, Alberto	
STREET ADDRESS 4870 NW 102 Avenue #102	
CITY-ST-ZIP Miami, FL	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Marrero, Lourdes	
STREET ADDRESS 4890 NW 102 Avenue	
CITY-ST-ZIP Miami, FL 33178	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ (NOTE: REGISTERED REQUIRED) DATE _____ DAYTIME PHONE # _____

CR2E037 (9/99)