

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90104 016 \*\*\*\*61.25

**DOCUMENT # N06466**

1. Entity Name

**SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION,**

Principal Place of Business

Mailing Address

275 FOUNTAINEBLEAU BLVD.  
 200  
 MIAMI FL 33172  
 US

275 FOUNTAINEBLEAU BLVD.  
 200  
 MIAMI FL 33172-4576  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2499105**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRALEY, STEPHEN**  
**3990 SHERIDAN STREET #109**  
**HOLLYWOOD FL 33021**

Name **FELIX DOVAL**

Street Address (P.O. Box Number is Not Acceptable)  
**1760 S.W. 16th Terr**

City **Miami**

**FL**

Zip Code  
**33145**

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

*Felix B. Doval*

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  Delete  
 NAME **P DOVAL, FELIX**  
 STREET ADDRESS **1760 S.W. 16 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D TINELLI, ROBERT**  
 STREET ADDRESS **236 ROBINSON AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10465**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD TORRES, HIAMIO**  
 STREET ADDRESS **19634 N.W. 83 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33015-5959**

TITLE  Change  Addition  
 NAME **TD TOPRES, HIGINIO**  
 STREET ADDRESS **2961 S.W. 15th St.**  
 CITY-ST-ZIP **Miami, Fl 33145**

TITLE  Delete  
 NAME **TD GIL, JOSE**  
 STREET ADDRESS **6921 LOCHNESS DRIVE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33141**

TITLE  Change  Addition  
 NAME **VPD GIL, JOSE R.**  
 STREET ADDRESS **6021 Lochness Dr.**  
 CITY-ST-ZIP **Miami Lakes, Fl 33014**

TITLE  Delete  
 NAME **D TINELLI, ROBERT**  
 STREET ADDRESS **236 ROBINSON AVENUE**  
 CITY-ST-ZIP **NEW YORK NY 10465**

TITLE  Change  Addition  
 NAME **SD ALVAREZ, ALEJANDRO**  
 STREET ADDRESS **1046 E 26th St.**  
 CITY-ST-ZIP **Hialeah, Fl 33010**

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 those empowered.

SIGNATURE:

*Felix B. Doval*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-00 - 305-856-8349

CR2E037 (9/99)