

# 2001-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90111 018 \*\*\*\*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  
US

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

**59-2499105**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**DOVAL, FELIX**  
**1760 SW 16TH TERR**  
**MIAMI FL 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

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 **TD TORRES, HIGINIO**  
STREET ADDRESS **2961 SW 15TH ST**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD GIL, JOSE**  
STREET ADDRESS **6021 LOCHNESS DR**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD ALVAREZ, ALEJANDRO**  
STREET ADDRESS **1040 E 26TH ST**  
CITY-ST-ZIP **MIAMI FL 33016**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **SD VENTURA, NILO JR.**  
STREET ADDRESS **8455 N.W. 169th Terr**  
CITY-ST-ZIP **Miami Lakes, FL 33016**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Higinio Torres**  
**SIGNATURE REQUIRED** Treasurer

03/14/2001 305 448-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)