

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90032 046 \*\*\*\*61.25

**DOCUMENT # N06466**

1. Entity Name

**SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.**

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

4. FEI Number

**59-2499105**

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

**DOVAL, FELIX**  
**1760 SW 18TH TERR**  
**MIAMI FL 33145**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **275 Fontainebleau Blvd #200**  
 CITY-ST-ZIP **Miami, FL. 33172**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **275 Fontainebleau Blvd #200**  
 CITY-ST-ZIP **Miami, FL. 33172**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **275 Fontainebleau Blvd #200**  
 CITY-ST-ZIP **Miami, FL. 33172**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **275 Fontainebleau Blvd #200**  
 CITY-ST-ZIP **Miami, FL. 33172**

TITLE **SD**  Delete  
 NAME **VENTURA, NILO JR**  
 STREET ADDRESS **8455 NW 169TH TERRACE**  
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE  Change  Addition  
 NAME **SID FERNANDO FERNANDEZ**  
 STREET ADDRESS **275 Fontainebleau Blvd #200**  
 CITY-ST-ZIP **Miami FL 33172**

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: **X SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HIGINIO TORRES**  
**01/18/2002**

Date

Daytime Phone #

CR2E037 (9/01)