

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10887

1. Entity Name

LA PLAYA DE VARADERO II MOTEL CONDOMINIUM ASSOCA

Principal Place of Business

Mailing Address

15901 COLLINS AVE.
SUNNY ISLES BEACH FL 33160

15901 COLLINS AVE.
SUNNY ISLES BEACH FL 33160

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

59-2618445

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

CONDE, EDDY T
15901 COLLINS AVE
SUNNY ISLES BEACH FL 33160

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 PD ☐ Delete
NAME CONDE, EDDY T
STREET ADDRESS 15901 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME SANTANA, LUIS
STREET ADDRESS 15901 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE VICE TREASURER ☒ Change ☐ Addition
NAME IDA VAIDES
STREET ADDRESS 15901 COLLINS AVE #
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE TD ☐ Delete
NAME CUESTA, JORGE
STREET ADDRESS 15901 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ALVAREZ, VIRGINIA
STREET ADDRESS 15901 COLLINS AVE.
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME LOPEZ, MANUEL
STREET ADDRESS 15901 COLLINS AVE
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **IDA VAIDES** **VICE TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001 (305) 947-3125

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

00042734

CR2E037 (10/00)