

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90070 040 ****61.25

DOCUMENT # N10887

1. Entity Name

LA PLAYA DE VARADERO II MOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**15901 COLLINS AVE.
SUNNY ISLES BEACH FL 33160**

Mailing Address

**15901 COLLINS AVE.
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

15901 Collins Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunny Isles Beach FL

City & State

4. FEI Number **59-2618445**

Applied For

Not Applicable

Zip

33160

Country

MIAMI Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

SALE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jorge Cuesta Treasurer

1-6-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **TVP VALDES, IDA**
STREET ADDRESS **15901 COLLINS AVE.**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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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 a address, with all other like empowered.

SIGNATURE:

Jorge Cuesta Treasurer

1-6-03 (305) 997-3125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)