

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90075 023 \*\*\*\*61.25

**DOCUMENT # N12666**

1. Entity Name

**CALAIS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

11207 N.W. 7 STREET  
 MIAMI FL 33172

% MANUEL L. RIVERO  
 1313 PONCE DE LEON BLVD., SUITE 300  
 CORAL GABLES FL 33134-3343

**740751**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0749555**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RIVERO, MANUEL L ACCT.**  
**1313 PONCE DE LEON BLVD.**  
**#300**  
**CORAL GABLES FL 33134**

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARIO MUSTELIER</b>	
STREET ADDRESS	<b>11201 NW 7TH ST #104</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>OSCAR OTAZO</b>	
STREET ADDRESS	<b>11165 NW 7 ST #102</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MARINO, GUILLERMINA</b>	
STREET ADDRESS	<b>11201 NW 7TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)* **RIVERO Oscar Otazo** 5/1/00 (305) 443-8500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #