

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16617

1. Entity Name

LA PLAYA DE VARADERO III MOTEL CONDOMINIUM ASSOC

Principal Place of Business

% PYRAMID ACCOUNTING SERVICES, INC.
1559 N.E. 167TH STREET
N. MIAMI BEACH FL 33162

Mailing Address

% PYRAMID ACCOUNTING SERVICES, INC.
1559 N.E. 167TH STREET
N. MIAMI BEACH FL 33162-2931

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

59-2719514

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

LIMA, SOPHIA
1559 N.E. 167TH STREET
NO. MIAMI BEACH FL 33162

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
NAME PAZ, OVIDIO
STREET ADDRESS 17620 ATLANTIC BLVD., #106
CITY-ST-ZIP SUNNY ISLES FL 33160 ☐ Delete

TITLE DIRECTOR
NAME PAZ, OVIDIO ☒ Change ☐ Addition
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE T
NAME LAMADRIZ, ALFREDO
STREET ADDRESS 343 191ST STREET
CITY-ST-ZIP GOLDEN SHORES FL 33160 ☐ Delete

TITLE President
NAME LAMADRIZ, ALFREDO ☒ Change ☐ Addition
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE S
NAME GINER, ANIBAL
STREET ADDRESS 750 N.W. 39TH COURT
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

TITLE Secretary
NAME ESPERANZA RODRIGUEZ ☐ Change ☒ Addition
STREET ADDRESS 17749 COLLINS AVE #702
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE D
NAME DIAZ, JOSE LUIS
STREET ADDRESS 3815 MAIN HIGHWAY
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE TREASURER
NAME DIAZ, JOSE LUIS ☒ Change ☐ Addition
STREET ADDRESS SAME
CITY-ST-ZIP SAME

TITLE D
NAME LORENZO, ANTONIO
STREET ADDRESS 590 W. 34TH PLACE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

(35) 919-8980

Daytime Phone #

CR2F037 (9/99)