

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # N16617

1. Entity Name

LA PLAYA DE VARADERO III MOTEL CONDOMINIUM ASSOC

Principal Place of Business

Mailing Address

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

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

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
After September 12, 2001, min. will be \$236.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
ANTOLIN ALMAGUER
14720 SW 87th COURT
MIAMI, FL 33176 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~X~~ TREASURER Director ☐ Delete
LAMADRIZ, ALFREDO
343 191ST STREET
GOLDEN SHORES FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000004736230--6
-12/24/01--01003--007
*****61.25 *****61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RODRIGUEZ, ESPERANZA
17749 COLLINS AVE #702
MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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)

8/13/01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 PM 4:58



DO NOT WRITE IN THIS SPACE

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