

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90574 009 ****61.25

DOCUMENT # N16617

1. Entity Name

**A PLAYA DE VARADERO III MOTEL CONDOMINIUM ASSOC
 ATION, INC.**

Principal Place of Business

**17749 COLLINS AVE
 SUNNY ISLES FL 33160**

Mailing Address

**1559 NE 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

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

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **PAZ, OVIDIO**
 STREET ADDRESS **17620 ATLANTIC BLVD #106**
 CITY-ST-ZIP **SUNNY ISLES FL 33160**

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

TITLE **TD** ☒ Change ☐ Addition
 NAME **LAMADRIZ, ALFREDO**
 STREET ADDRESS **343 191st Street**
 CITY-ST-ZIP **GOLDEN SHORES FL 33160**

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

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

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

TITLE **PRES.** ☒ Change ☐ Addition
 NAME **DIAZ, JOSE LUIS**
 STREET ADDRESS **3815 MAIN HIGHWAY**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ALMAGUER, ANTONIN**
 STREET ADDRESS **14720 SW 87th COURT**
 CITY-ST-ZIP **MIAMI FL 33176**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)