

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21245

1. Entity Name

DESERT INN BEACH AND TENNIS CLUB CONDOMINIUM ASS

Principal Place of Business

17201 COLLINS AVE.
MIAMI BCH FL 33160

Mailing Address

17201 COLLINS AVE.
MIAMI BCH FL 33160-3408

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

59-2827544

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

ROSENDO, FUNDORA
3270 SW 116TH PL
MIAMI BCH. FL 33165

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-26-00

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	PD	<input type="checkbox"/> Delete
NAME	FUNDORA, ROSENDO	
STREET ADDRESS	17201 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VERDUA, LAZARO J	
STREET ADDRESS	17201 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BCH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, BENITO	
STREET ADDRESS	17201 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, HECTOR	
STREET ADDRESS	17201 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BCH. FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, JULIAN A	
STREET ADDRESS	17201 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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 life empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Rosendo J. Fundora 301-223-7495
01/26/00

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90004 029 ****61.25



DO NOT WRITE IN THIS SPACE