

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90174 003 ****70.00

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

2. Principal Place of Business

3. Mailing Address

4114 NW 4TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 MIAMI, FL 33126

4. FEI Number

59-2827544

Applied For

Not Applicable

Zip

Country

Zip
 33126

Country
 USA

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE RODRIGUEZ 17201 COLLINS AVENUE SUNNY ISLES BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGUEL A. QUINONES 17201 COLLINS AVENUE SUNNY ISLES BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rosendo Fundora
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-02-01 305-223-7495

CR2E037 (10/00)