

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90041 038 \*\*\*\*61.25

**DOCUMENT # N25644**

1. Entity Name

**DORAL PARK COUNTRY CLUB VILLAS CONDOMINIUM NO. 8**

Principal Place of Business

Mailing Address

**% GAURANTEE MANAGEMENT SERVICE  
 111 FONTAINBLEAU BLVD  
 MIAMI FL 33172  
 US**

**GUARANTEE MANAGEMENT SERVICE  
 111 FONTAINBLEAU BLVD  
 MIAMI FL 33172-4507  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0052650**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

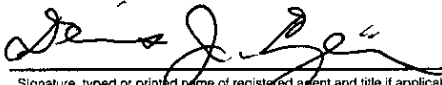
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DENNIS EISINGER  
 19495 BISCAYNE BLVD  
 SUITE 606  
 NO. MIAMI BEACH FL FL 33180~~

Name **DENNIS J. EISINGER ESQ**  
 Street Address (P.O. Box Number is Not Acceptable) **PHILLIPS, EISINGER ET AL. 2655**  
**4000 HOLLYWOOD BLVD, SUITE**  
 City **HOLLYWOOD** FL Zip Code **33021**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

~~2/27/00~~ **2/27/00**

**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 checked="" type="checkbox"/> Delete
NAME	HENRIQUEZ, ESTELA R.	
STREET ADDRESS	4760 N.W. 102TH AVE, #107	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JIMENEZ, LOURDES	
STREET ADDRESS	4760 N.W. 102TH AVE, #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORTAZAR, JOSE A.	
STREET ADDRESS	4760 N.W. 102ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROCA, NINA	
STREET ADDRESS	4760 NW 102ND AVE #204	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimenez, Lourdes	
STREET ADDRESS	4642 NW 94 Ct.	
CITY-ST-ZIP	Miami, FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henriquez, Andberto	
STREET ADDRESS	4760 NW 102 Ave. #107	
CITY-ST-ZIP	Miami, FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cortazar, Jose A.	
STREET ADDRESS	4760 NW 102 Ave., #104	
CITY-ST-ZIP	Miami, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

**2/20/00**

CR2E037 (9/99)