

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90495 049 ****61.25

0043151

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
 US

731252



2. Principal Place of Business

3. Mailing Address

The Continental Group, Ltd. The Continental Group, Ltd.

Suite, Apt. #, etc.
12079 Sw 131 Ave.

Suite, Apt. #, etc.
12079 SW 131 Ave.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl.

City & State
Miami, FL.

4. FEI Number **65-0052650**

Applied For
 Not Applicable

Zip **33186**

Country **USA**

Zip **33186**

Country **USA**

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
4000 HOLLYWOOD BLVD SUITE 2655
HOLLYWOOD FL 33021

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 NAME	PD JIMENEZ, LOURDES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4642 NW 94 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VPD JIMENEZ, LOURDES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4760 N.W. 102TH AVE, #103	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	TD CORTAZAR, JOSE A.	<input type="checkbox"/> Delete
STREET ADDRESS	4760 NW 102 AVE., #104	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	SD ROCA, NINA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4760 NW 102ND AVE #204	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	VPD HENRIQUEZ, ANDBERTO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4760 NW 102 AVE. #107	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	SD Galigarcia, Marcos	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4760 NW 102 Ave., #105	
CITY-ST-ZIP	Miami, FL. 33178	
TITLE NAME	D Roca, Paquita	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4760 NW 102 Ave., # 204	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD Henriquez, Audberto	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4760 NW 102 Ave., #107	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/01

CR2E037 (10/00)