

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N33788**

1. Entity Name

**TAMAIR COMMERCIAL CENTER SECTION II CONDOMINIUM**

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90040 021 \*\*\*\*61.25

Principal Place of Business 11745 SW 91ST TERR. MIAMI FL 33186 US	Mailing Address 11745 SW 91ST TERR. MIAMI FL 33186-2123 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O Marinsa Miami Corporation Suite, Apt. #, etc. Bay # 4 City & State Miami, Florida Zip 33186 Country U.S.A.	3. Mailing Address 14250 SW 136 St. Suite, Apt. #, etc. Bay # 4 City & State Miami, Florida Zip 33186 Country U.S.A.
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4. FEI Number 65-0196600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEDMAN, C.E. J**  
 11745 SW 91ST TERR.  
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: **Ueli Walchli**  
 Street Address (P.O. Box Number is Not Acceptable):  
 14250 SW 136 St.  
 City: **Miami** FL Zip Code: **33186**

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]* DATE: **2-14-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>STEDMAN, C.E. JR.</b> <b>8300 S.W. 91ST TERRACE</b> <b>MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SPIVACK, MICHAEL B.</b> <b>9531 EAST CALUSA CLUB DR.</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WALCHLI, UELI</b> <b>10730 S.W. 148 AV. DR.</b> <b>MIAMI FL 33196</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	<b>P/D</b> <b>GARCIA, MIGUEL</b> <b>11898 SW 74 TERR</b> <b>MIAMI, FL 33183</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>SPIVACK, MICHAEL B.</b> <b>9531 EAST CALUSA CLUB DR.</b> <b>MIAMI, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <b>WALCHLI, UELI</b> <b>10730 SW 148 AV. DR.</b> <b>MIAMI, FL 33196</b>	<input checked="" 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: **SIGNATURE REQUIRED** DATE: **2-14-00** DAYTIME PHONE #: **305.2120119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)