

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38609

1. Entity Name

DEERING BAY CONDOMINIUM I, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90047 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13605 OLD CUTLER RD  
MIAMI FL 33158-1334

13605 OLD CUTLER RD  
MIAMI FL 33158-1396

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0427488

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

MICHAEL D. KATZ, ESQ.  
KATZ, BARRON, SQUITERO, FAUST & BERMAN PA  
2699 S. BAYSHORE DR., 7TH FLOOR  
MIAMI FL 33133

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	D	<input type="checkbox"/> Delete
NAME	WHITCOMB, STANLEY P.	
STREET ADDRESS	13605 DEERING, BAY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, ROBERTO	
STREET ADDRESS	13610 DEERING BAY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STERWART, PAT	
STREET ADDRESS	13610 DEERING BAY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BERNKRANT, ALLEN	
STREET ADDRESS	13610 DEERING BAY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KALSTONE, FERNE	
STREET ADDRESS	13610 DEERING BAY DR.	
CITY-ST-ZIP	CORAL GABLES FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITCOMB, STANLEY P.	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID KRASLOW	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, PAT	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernkrant, Allen	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN WILKINS	
STREET ADDRESS	13610 Deering Bay Dr.	
CITY-ST-ZIP	Coral Gables, FL 33158	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00

(305) 232-1741

CR2E037 (9/99)