

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000419

1. Entity Name

MIAMI BEACH TOWNHOMES A CONDOMINIUM ASSOCIATION,

Principal Place of Business

1743 MICHIGAN AVE  
MIAMI BCH FL 33139  
US

Mailing Address

1743 MICHIGAN AVE  
MIAMI BCH FL 33139-2397  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0437010

Applied For

Not Applicable

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

NEPOMECHIE, MARILYS R  
1743 MICHIGAN AVE  
STE 5  
MIAMI BCH FL 33139

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 ☐ Delete  
NAME KWARTIN, STEVEN M  
STREET ADDRESS 1743 MICHIGAN AVE #3  
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME NEPOMECHIE, MARILYS R  
STREET ADDRESS 1743 MICHIGAN AVE #5  
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME KOEPNICK, LANCE M  
STREET ADDRESS 1743 MICHIGAN AVE #4  
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME KARETNICK, JENNIFER AND C J  
STREET ADDRESS 1743 MICHIGAN AVE #1  
CITY-ST-ZIP MIAMI BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME EASLEY, JOE TOM/FREIBE  
STREET ADDRESS 1743 MICHIGAN AVE #2  
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

Lance M. Koepnick 1-9-00

305-532-8840

FILED  
Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90121 026 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)