

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001238

1. Entity Name

THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI BE

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90270 038 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5601 COLLINS AVE.  
MIAMI BEACH FL 33140

5601 COLLINS AVE.  
MIAMI BEACH FL 33140-2456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0507316

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

GRS MANAGEMENT OF BROWARD INC  
4431 SW 64TH AVE  
STE. 113  
DAVIE FL 33314

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	PD	<input checked="" type="checkbox"/> Delete
NAME	LUIS MASEDA	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VDP	<input checked="" type="checkbox"/> Delete
NAME	PEDRO CIRERA	
STREET ADDRESS	501 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGINSTEIN, JASON	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MEL SCHWARTZBEN	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRANK BECKMAN	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, CARLOS	
STREET ADDRESS	5601 Collins Ave	
CITY-ST-ZIP	miami Beach FL 33140	
TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, ABILIO	
STREET ADDRESS	5601 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN, ARLENE	
STREET ADDRESS	5601 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, OCTAVIO	
STREET ADDRESS	1407 CORDOVA STREET	
CITY-ST-ZIP	COBAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information indicated on this report is true and correct, and that I am an officer or director of the corporation or the partnership, or on an att

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and correct, and that I am an officer or director of the corporation or the partnership, or on an att

SIGNATURE:

Carlos Oliver - PD

ECTOR

Daytime Phone #

CR2E037 (9/99)