

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002369

1. Entity Name

SIERRA RIDGE CONDOMINIUM D ASSOCIATION, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90845 032 ****61.25

Principal Place of Business

Mailing Address

21361 NE 8TH AVE
UNIT # 1
N MIAMI BCH FL 33179
US

21361 NE 8TH AVE
UNIT # 1
N MIAMI BCH FL 33179-1279
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0513727

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

SANTOS, BRUNO E
21361 NE 8 AVE #1
N MIAMI BCH FL 33179

Name DENNIS EISINGER

Street Address (P.O. Box Number is Not Acceptable)

4000 HOLLYWOOD BLVD # 265-SOUTH

City HOLLYWOOD

FL

Zip Code 33021

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 ☐ Delete
NAME BRUNO, SANTOS E
STREET ADDRESS 21361 NE 18TH AVE, UNIT 1
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE VD ☐ Delete
NAME HAWKINS, GWENDOLYN
STREET ADDRESS 808 NE 214TH LANE, UNIT 2
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE STD ☐ Delete
NAME MENA, CARMEN
STREET ADDRESS 806 NW 214TH TERRACE, UNIT 1
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E037 (9/99)