

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90288 015 ****61.25

DOCUMENT # N94000004278

1. Entity Name

CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI BEAC

Principal Place of Business

6345 COLLINS AVE
 MIAMI BEACH FL 33141
 US

Mailing Address

6345 COLLINS AVE
 MIAMI BEACH FL 33141 4614
 US

2. Principal Place of Business

3. Mailing Address *c/o Excel Management Assoc*
275 Fontainebleau Blvd. # 140

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

65-0516441

Applied For

Not Applicable

Zip

Country

Zip

Country

33172

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISINGER, DENNIS
 4000 HOLLYWOOD BLVD
 SUITE 265-SOUTH
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
SYLVIA PIQUE
 Street Address (P.O. Box Number is Not Acceptable)
c/o EXCEL MANAGEMENT ASSOC.
275 Fontainebleau Blvd. Suite 140
 City **Miami** FL Zip Code **33172**

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

Sylvia Pique as agent for the Association

4/30/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ACOSTA, MARIA	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHECHER, RICHARD	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROJAS, SARA	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARITZA ALVAREZ	
STREET ADDRESS	6345 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sylvia Pique
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 305-207-2343

Date

Daytime Phone #

CR2E037 (9/99)