

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004278**

1. Entity Name  
 CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC

Principal Place of Business 6345 COLLINS AVE  MIAMI BEACH 33141	FL	Mailing Address 6345 COLLINS AVE  MIAMI BEACH 33141	FL
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	Country US	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	Country US
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4. FEI Number  
**65-0516441**

Applied For
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**PIQUE SYLVIA**

Street Address (P.O. Box Number is Not Acceptable)  
 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** **05/01/2001**  
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 NAME STREET ADDRESS CITY-ST-ZIP	STD ROJAS SARA 6345 COLLINS AVE MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHECHER RICHARD 6345 COLLINS AVE MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA MARIA 6345 COLLINS AVE MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELGADO GLORIA 7834 SW 21 TE MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVAREZ MARITZA 1432 SW 124 PL MIAMI FL 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA MARIA 12731 NW 11 ST MIAMI FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **MARIA ACOSTA** P/D **05/01/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)