

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90491 048 ****61.25

DOCUMENT # N94000004942

1. Entity Name

OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**1881 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**% THE CONTINENTAL GROUP
 2950 N.W. 28TH TERRACE
 HOLLYWOOD FL 33020
 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

65-0560049

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

**ARNOLD, DAVID C ESQ
 8301 S.W. 164 STREET
 MIAMI FL 33157-3640**

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** ☐ Delete
 NAME **KREITMAN, GARY**
 STREET ADDRESS **7226 S.W. 146 STREET CIRCLE**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **RICARDO VENEGAS**
 STREET ADDRESS **1881 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **DV** ☒ Delete
 NAME **HOFFSON, NEAL**
 STREET ADDRESS **1881 WASHINGTON AVE, UNIT 10E**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **TED WEINREICH**
 STREET ADDRESS **1881 WASHINGTON AVE, UNIT 10B**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **TD** ☐ Delete
 NAME **VENEGAS, RICARDO**
 STREET ADDRESS **1881 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **GARY KREITMAN**
 STREET ADDRESS **7226 S.W. 146 ST. CIR.**
 CITY-ST-ZIP **MIAMI, FL 33158**

TITLE **SD** ☒ Delete
 NAME **WUEST, BOB**
 STREET ADDRESS **1881 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **SCOTT WEINER**
 STREET ADDRESS **1881 WASHINGTON AVE, UNIT 10A**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
 NAME **THRASHER, JEFFREY**
 STREET ADDRESS **1881 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **CRAIG RINDOY**
 STREET ADDRESS **1881 WASHINGTON AVE, 10B**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **D** ☒ Delete
 NAME **VARGAS, IRENE**
 STREET ADDRESS **1881 WASHINGTON AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **GREG FREEMAN**
 STREET ADDRESS **1881 WASHINGTON AVE, PH-A**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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:

SICARDO VENEGAS, PRES, OCTA 03/07/01

Date

Daytime Phone #

**786-683-
 6888**

CR2E037 (10/00)