

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000008

1. Entity Name

SEACOAST 5700, CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90123 047 ****61.25

Principal Place of Business

Mailing Address

5700 COLLINS AVENUE
MIAMI BEACH FL 33140

5700 COLLINS AVENUE
MIAMI BEACH FL 33140-2314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0633587

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

Name

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

City

FL

Zip Code

SIEGFRIED, STEVE
201 ALHAMBRA CIRCLE #1102
MIAMI FL 33134

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 P ☐ Delete
NAME VINEBERG, JOSEPHINE
STREET ADDRESS 5700 COLLINS AVE 11 L
CITY-ST-ZIP MIAMI BCH FL 33140

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

TITLE VPT ☐ Delete
NAME TABOADA, JUAN
STREET ADDRESS 5700 COLLINS AVEN 4 A
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE D ☒ Delete
NAME KASTER, LEWIS
STREET ADDRESS 1290 AVENUE OF THE AMERICAN
CITY-ST-ZIP NEW YORK NY 10104

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

TITLE VPS ☐ Delete
NAME AROIX, ALEIDA
STREET ADDRESS 5700 COLLINS AVE 162
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE D ☐ Delete
NAME HUSLEY, SEAN
STREET ADDRESS 5700 COLLINS AVENUE 11 N
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☒ Change ☐ Addition
NAME HURLEY, SHAWN
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Garcia, Beverly
CITY-ST-ZIP 5700 Collins Ave., 5-C
Miami Beach, Fla. 33140

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

Josephine Vineburg

Date 1-5-2000

Daytime Phone 305-440-9974