

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90475 036 *****61.25

DOCUMENT # N950000000008

1. Entity Name

SEACOAST 5700 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5700 COLLINS AVENUE
 MIAMI BEACH FL 33140

Mailing Address

5700 COLLINS AVENUE
 MIAMI BEACH FL 33140

2. Principal Place of Business

5700 Collins Ave
 Suite, Apt. #, etc.

3. Mailing Address

5700 Collins Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0633587

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SIEGFRIED, STEVE
 201 ALHAMBRA CIRCLE #1102
 MIAMI FL 33134

7. Name and Address of New Registered Agent

Name **Michael Gomez, P.A.**

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

1930 Tyler Street

Hollywood

City

FL

Zip Code

33020

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

Michael W. Gomez, P.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/01

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

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

TITLE ☐ Delete
 NAME **D GARCIA, BEVERLY**
 STREET ADDRESS **5700 COLLINS AVE S-C**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **P Rafael Lopez**
 STREET ADDRESS **5700 Collins Ave 6G**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Change ☐ Addition
 NAME **VP Richard Santamaria**
 STREET ADDRESS **5700 Collins Ave 7B**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Change ☐ Addition
 NAME **Treasurer/Secretary: Marcelo Diaz-Rizzi**
 STREET ADDRESS **5700 Collins Ave 3C**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Change ☐ Addition
 NAME **Assistant T/S Alejandro Scopelli**
 STREET ADDRESS **5700 Collins Ave 8L**
 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Change ☐ Addition
 NAME **Director Joseph Yedid**
 STREET ADDRESS **5700 Collins Avenue 3F**
 CITY-ST-ZIP **Miami Beach, FL 33140**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

Daytime Phone #

CR2E037 (10/00)

0039597