

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000667

1. Entity Name

SEA AIR TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90068 009 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3725 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019	3725 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019-2926

2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>SAME</b>	Suite, Apt. #, etc. <b>SAME</b>
City & State <b>SAME</b>	City & State <b>SAME</b>
Zip <b>SAME</b>	Country <b>SAME</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0643211</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
<b>HYMAN, MICHAEL MUSEUM TOWER 27TH FLOOR 150 WEST FLAGLER STREET MIAMI FL 33130</b>

7. Name and Address of New Registered Agent
Name <b>SAME</b>
Street Address (P.O. Box Number is Not Acceptable) <b>SAME</b>
City <b>FL</b>
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIANCO, JOSEPH 3725 SOUTH OCEAN DRIVE #801 HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EHRlich, EDWINA 3725 S. OCEAN DR #1119 HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOSCH, ANIANO 3725 S OCEAN DRIVE., #622 HOLLYWOOD FL 33019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAAVEDRA, GERARDO 3725 S OCEAN DR HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROCA, OLGA 3725 S OCEAN DR HOLLYWOOD FL <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	VPD JACK DA CRUZ 3725 SOUTH OCEAN DR. #1611 Hollywood FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSCH, ANIANO 3725 S. OCEAN DR. #1101 Hollywood FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCA, OLGA 3725 S. OCEAN DR #PH24 Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAYAS, CARLOS 3725 S. OCEAN DR. #903 Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTHA SIERRA 3725 S. OCEAN DR. #619 Hollywood, FL 33019 <input type="checkbox"/> Change <input checked="" 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)(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: **CARLOS ZAYAS EQUIP** *[Signature]* **4/28/00** **(954) 455-3893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)