

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90006 033 ****61.25

DOCUMENT # N96000001354

1. Entity Name

760 CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

Principal Place of Business

**760 JEFFERSON AVE
 MIAMI BEACH FL 33139**

Mailing Address

**760 JEFFERSON AVE
 MIAMI BEACH FL 33139-8565**

00003018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0827252

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KNAUB, F E
 760 JEFFERSON AVE #3
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ARVELO, EDGAR	
STREET ADDRESS	760 JEFFERSON AVE #7	
CITY-ST-ZIP	MIAMI BEACH FL 33139-8565	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD	
STREET ADDRESS	760 JEFFERSON AVE #11	
CITY-ST-ZIP	MIAMI BEACH FL 33139-8565	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KNAUB, F E	
STREET ADDRESS	760 JEFFERSON AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33139-8565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STABBERT, ROBERT	
STREET ADDRESS	801 N. VENETIAN DR #905	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *F.E. Knaub* **F.E. KNAUB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000

Date

305-531-1919

Daytime Phone #

CR2E037 (9/99)