

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

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

02-12-2001 90006 022 ****61.25

DOCUMENT # N96000003651

1. Entity Name

GOLDEN NUGGET BEACH CLUB AND HOTEL CONDOMINIUM A

Principal Place of Business

18555 COLLINS AVENUE
 SUNNY ISLES FL 33160

Mailing Address

18555 COLLINS AVENUE
 SUNNY ISLES FL 33160

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

65-0692259

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ALEREDO
18555 COLLINS AVENUE
SUNNY ISLES FL 33160

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: **ST** Delete
 NAME: ~~MORALES, GERMAN~~
 STREET ADDRESS: ~~18555 COLLINS AVENUE, APT. 247~~
 CITY-ST-ZIP: ~~SUNNY ISLES FL 33160~~

TITLE: **PD** Delete
 NAME: ~~HERNANDEZ, ALFREDO~~
 STREET ADDRESS: ~~18555 COLLINS AVENUE, APT. 147~~
 CITY-ST-ZIP: ~~SUNNY ISLES FL 33160~~

TITLE: **VPT** Delete
 NAME: ~~HERRERA, ROGUE~~
 STREET ADDRESS: ~~18555 COLLINS AVENUE, APT. 147~~
 CITY-ST-ZIP: ~~SUNNY ISLES FL 33160~~

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **ST** Change Addition
 NAME: **GIJ - DEZER - D**
 STREET ADDRESS: **18555 COLLINS AVE #259**
 CITY-ST-ZIP: **SUNNY ISLES BEACH - FL - 33160**

TITLE: **PD** Change Addition
 NAME: **ISAAC FRANCO - D**
 STREET ADDRESS: **18555 COLLINS #236**
 CITY-ST-ZIP: **SUNNY ISLES - FL - 33160**

TITLE: **V.P.** Change Addition
 NAME: **MICHAEL DEZER - D**
 STREET ADDRESS: **18555 COLLINS #260**
 CITY-ST-ZIP: **SUNNY ISLES - FL - 33160**

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

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-5-01** (305) 932-1445
 Daytime Phone #

CR2E037 (10/00)