

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90121 026 ****61.25

DOCUMENT # [REDACTED]
Entity Name N97000000996
 THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5333 Collins Ave.
 Miami Beach, FL 33139
Mailing Address 306 Alcazar Ave. Ste. 303
 Coral Gables, FL 33134

Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country
3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0639960
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Hildegard Leschhorn
 306 Alcazar Ave.
 Suite 303
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name Global Investment Properties, Inc.
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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 ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DP Andres Heller 5333 Collins ave. # 707 Miami Beach, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
DS Maria Solares 5333 Collins Ave. Miami Beach, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
DE Edward Kazanjian 5333 Collins Ave # 809 Miami Beach, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
 Date

Daytime Phone #