

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000918

1. Entity Name

MIAMI BEACH COUNCIL OF CONDOMINIUMS, INC.

Principal Place of Business

6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140

Mailing Address

6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140-2212

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAY, HENRY
6039 COLLINS AVENUE #419
MIAMI BEACH FL 33140

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KAY, HENRY
STREET ADDRESS 6039 COLLINS AVENUE #419
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE TD
NAME REINGOLD, MARTIN
STREET ADDRESS 5555 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE TREASURER
NAME BERNARD Miller
STREET ADDRESS 5555 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

TITLE VD
NAME KADIN, SOL
STREET ADDRESS 965 79TH TERRACE
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE SD
NAME OREAR, CRAG
STREET ADDRESS 7330 OCEAN TERR #2704
CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE DAV
NAME DURAN, JOSE
STREET ADDRESS 2655 COLLINS AVE #1711
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Crag Orear
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

(305) 865-8220

Daytime Phone #

CR2F037 (9/99)