

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007760

1. Entity Name

PORTOFINO BEACH CLUB CORP.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90030 047 ***150.00

Principal Place of Business

Mailing Address

5284 SW 69TH PLACE
MIAMI FL 33155

5284 SW 69TH PLACE
MIAMI FL 33155-5613

2. Principal Place of Business

3. Mailing Address

649 NE 56 Street

649-NE 56 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

MIAMI FL

City & State

City & State

33137

Zip

Country

MIAMI-DADE

Zip

33137

Country

MIAMI-DADE

4. FEI Number

65-0646361

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

CECCHINI, ANTHONY
5284 SW 69TH PLACE
MIAMI FL 33155

Name DANIEL RUIZ

Street Address (P.O. Box Number is Not Acceptable)

649 NE 56 ST

City

MIAMI

FL

Zip Code

33137

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|--|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CECCHINI, ANTHONY 5284 SW 69TH PLACE MIAMI FL 33155 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DANIEL RUIZ 649 NE 56 ST MIAMI FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RUIZ, DANIEL 1366 13TH TERRACE MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARTA RUIZ 649 NE 56 ST MIAMI FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)