

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001085

1. Entity Name

VARADERO II BEACH MOTEL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90068 041 ***150.00

Principal Place of Business

15901 COLLINS AVENUE
MIAMI BEACH FL 33160

Mailing Address

15901 COLLINS AVENUE
MIAMI BEACH FL 33160-4724

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

65-0811020

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

DE LA CAMARA, ROSA M ESO
5201 BLUE LAGOON DRIVE SUITE 100
MIAMI FL 33126

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

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
NAME RERNANDEZ, KEVIN
STREET ADDRESS 1005 SOUTH WEST 222 ST.
CITY-ST-ZIP MIAMI FL 33190

TITLE DV ☐ Delete
NAME ZAENET, LEWIS
STREET ADDRESS 15533 MIAMI LAKEWAY NORTH
CITY-ST-ZIP HIALEAH FL 33014

TITLE DP ☐ Delete
NAME RODRIGUEZ, VICENTE
STREET ADDRESS 15901 COLLINS AVENUE UNIT 223
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE DS ☐ Delete
NAME PERE, ILEANA
STREET ADDRESS 15901 COLLINS AVE. UNIT 812
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT IDA VALDES ☒ Change ☐ Addition
NAME
STREET ADDRESS 15901 COLLINS AVENUE UNIT# 115
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160

TITLE DV ☒ Change ☐ Addition
NAME LUIS SANTANA
STREET ADDRESS 15901 COLLINS AVENUE UNIT# 818
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160

TITLE DP ☒ Change ☐ Addition
NAME EDDY CONDE
STREET ADDRESS 15901 COLLINS AVENUE UNIT# 800
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160

TITLE DS ☒ Change ☐ Addition
NAME VIRGINIA ALVAREZ
STREET ADDRESS 15901 COLLINS AVENUE UNIT# 522
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160

TITLE DT ☐ Change ☒ Addition
NAME JORGE CUESTA
STREET ADDRESS 15901 COLLINS AVENUE UNIT# 303
CITY-ST-ZIP SUNNY ISLES BEACH, FL. 33160

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

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: *Eddy Conde* EDDY CONDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27-2000 (305) 947-3125
Date Daytime Phone #

CR2E034 (9/99)