

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90055 034 ***150.00

DOCUMENT # P98000001085

1. Entity Name
VARADERO II BEACH MOTEL, INC.



Principal Place of Business
**15901 COLLINS AVENUE
MIAMI BEACH FL 33160**

Mailing Address
**15901 COLLINS AVENUE
MIAMI BEACH FL 33160**

60001066



2. Principal Place of Business
15901 Collins Ave
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sunny Isles Beach, FL
Zip
33160
Country
Haiti Dade

City & State

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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Same
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jorge Cuesta TREASURER**
Signature, typed or printed name of registered agent and title if applicable.

1-6-03
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> Delete
NAME	VALDES, IDA	
STREET ADDRESS	15901 COLLINS AVE UNIT #115	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CONDE, EDDY	
STREET ADDRESS	15901 COLLINS AVE UNIT #800	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, VIRGINIA	
STREET ADDRESS	15901 COLLINS AVE UNIT #522	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CUESTA, JORGE	
STREET ADDRESS	15901 COLLINS AVE UNIT #303	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, MANUEL	
STREET ADDRESS	15901 COLLINS AVE #617	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Jorge Cuesta TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 (305) 947-3125
Date Daytime Phone #

CR2E034 (10/02)