

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017539

1. Entity Name

FOUNTAINS BEACH CLUB DEVELOPMENT CORP.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90182 029 \*\*\*150.00

Principal Place of Business

Mailing Address

1925 BRICKELL AVENUE SUITE D206  
 MIAMI FL 33129  
 US

1925 BRICKELL AVENUE SUITE D206  
 MIAMI FL 33129-2900  
 US

2. Principal Place of Business

3. Mailing Address

13155 IXORA CT

13155 IXORA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 1011

Apt 1011

City & State

City & State

North Miami

North Miami

Zip

Country

Zip

Country

33181

U.S.A.

33181

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0840682

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

BESU, ROGER

1925 BRICKELL AVENUE SUITE D206  
 MIAMI FL 33129

Name

FAGGELLA, IRENE

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

13155 IXORA CT Apt 1011

City

North Miami

FL

Zip Code

33181

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]*

4/24/00

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	DPS	<input type="checkbox"/> Delete
NAME	FAGGELLA, IRENE	
STREET ADDRESS	1925 BRICKELL AVENUE, SUITE D206	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGGELLA, IRENE	
STREET ADDRESS	13155 IXORA CT Apt 1011	
CITY-ST-ZIP	North Miami, FL 33181	
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		
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		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00

CR2E034 (9/99)