

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90149 037 ****61.25

DOCUMENT # 707048

1. Entity Name

73 EDGEWATER DRIVE CONDOMINIUM INC

Principal Place of Business

Mailing Address

**73 EDGEWATER DRIVE
 SUITE 2
 MIAMI FL 33133
 US**

**73 EDGEWATER DRIVE
 SUITE 2
 CORAL GABLES FL 33133-6931
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0267752

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORETZ, ARLENE
 73 EDGEWATER DR
 #2
 CORAL GABLES FL 33133**

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	<input type="checkbox"/> Delete
NAME	BANKO, CONNIE	
STREET ADDRESS	73 EDGEWATER DR. #4	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORETZ, ARLENE	
STREET ADDRESS	73 EDGEWATER DR. #2	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RIVERA, LESLIE	
STREET ADDRESS	73 EDGEWATER DR. #4	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VALENTA, VIRGINIA	
STREET ADDRESS	3401 N COUNTRY CLUB DR. #803	
CITY-ST-ZIP	AVENTURA FL 33180	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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: Valerie M. Resequiro, STD (Agent) **1-24-00** **305 252 5643**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)