

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N02000005844

**Entity Name:** M RESORT RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18683 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

18683 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 20-1792762

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGEL, DAVID H ESQUIRE  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA - 10TH FLOOR  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GAVRA, NIR  
Address 18683 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VD  
Name BAMIRA, JOSEPH  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SD  
Name LEVITT, PAUL  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TD  
Name KANDEL, LEONARDO  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title D  
Name PINES, HECTOR  
Address 18683 COLLINS AVE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIR GAVRA

**PRESIDENT**

**07/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date