

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717783
 1. Entity Name: **BAYSHORE TERRACE CONDOMINIUM, Inc.**

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 91008 027 ****61.25

Principal Place of Business: **1455 WEST Avenue, Miami Beach, FL 33139**
 Mailing Address: **306 Alcazar Ave Ste 303, Coral Gables, FL 33134**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
 City & State: Zip Country

4. FEI Number: **59-1608402**
 Applied For: ☐ Not Applicable
 5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GLOBAL INVESTMENT PROPERTIES
306 Alcazar Ave. Ste 303
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	President	PD	<input type="checkbox"/> Delete
NAME	Daniel B. Snodgrass		
STREET ADDRESS	1455 WEST AVE #604		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	Vice-President	VD	<input type="checkbox"/> Delete
NAME	Sergio Zuquim		
STREET ADDRESS	1455 WEST AVE #204		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	Secretary	SD	<input type="checkbox"/> Delete
NAME	Norma Perez		
STREET ADDRESS	1455 WEST AVE #501		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	Treasurer	TD	<input type="checkbox"/> Delete
NAME	Maria Salazar		
STREET ADDRESS	1455 WEST AVE #703		
CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leticia Castro		
STREET ADDRESS	1455 WEST AVE #703		
CITY-ST-ZIP	Miami Beach, FL 33139		
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			

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: **Daniel B. Snodgrass** President Daniel B. Snodgrass 3/5/2001 305-672-6455
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)