

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717860

1. Entity Name

BAYSHORE PLACE CONDOMINIUM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90023 040 ****61.25

Principal Place of Business	Mailing Address
1420 BRICKELL BAY DR MIAMI FL 33131 US	1420 BRICKELL BAY DRIVE MIAMI FLA 33131-3606 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1475007	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, NELLY
1420 BRICKELL BAY DRIVE
MIAMI FL 33131

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: _____
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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ-CISNEROS, PABLO	
STREET ADDRESS	1420 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	FLORES, RAMON	
STREET ADDRESS	1420 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAMBERT, WALTER	
STREET ADDRESS	1420 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIGNONE, TERESA	
STREET ADDRESS	1420 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SUAREZ, ROBERTO	
STREET ADDRESS	1420 BRICKELL BAY DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GARCIA, TERESA	
STREET ADDRESS	1420 BRICKELL BAY DR	
CITY-ST-ZIP	MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOLANDA MORALES	
STREET ADDRESS	1420 BRICKELL BAY DR.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter R. Lambert	
STREET ADDRESS	1420 Brickell Bay Dr #608	
CITY-ST-ZIP	Miami, FL 33131-3627	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA PEREZ-CISNEROS	
STREET ADDRESS	1420 BRICKELL BAY DR.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SECRETARY	<input checked="" 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, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER LAMBERT, MD PRES
1/27/2000
Date
(305) 372-8941
Daytime Phone #

CR2E037 (9/99)