

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

042/352

DOCUMENT # 721705

1. Entity Name

BISCAYA III CONDOMINIUM ASSOCIATION, INC.

02-20-2002 90180 003 ****61.25

Principal Place of Business

Mailing Address

20450 W.COUNTRY CLUB DRIVE
 N.MIAMI BEACH FL 33180

20450 W.COUNTRY CLUB DRIVE
 N.MIAMI BEACH FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2731419**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BESSIE J LAMBIDIS
 20450 W COUNTRY CLUB DRIVE
 N MIAMI BEACH FL 33180

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

Bessie J. Lambidis

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	P	<input type="checkbox"/> Delete
NAME	AMBROSE, JAMES	
STREET ADDRESS	20400 W. Country Club Dr.,	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP.	<input type="checkbox"/> Delete
NAME	Eva Radin	
STREET ADDRESS	20500 W. Country Club Dr.,	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEYTON, NANCY J	
STREET ADDRESS	20400 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BASKIN, EVELYN	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALUS, ELLIOT	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHNEIDER. RUBY	
STREET ADDRESS	20400 W. Country Club Dr.,	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME FONDEVILA	
STREET ADDRESS	20500 W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY KAZANOFF	
STREET ADDRESS	20400 W. COUNTRY CLUB DRIVE	
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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2002

Date

(305)932 5471

Daytime Phone #

CR2E037 (9/01)