

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90295 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 724869**  
 1. Entity Name  
**BAYVIEW POINT NO CONDOMINIUM ASSOC INC**

Principal Place of Business      Mailing Address  
 3770 N.E. 171 STREET      3770 N.E. 171 STREET  
 NORTH MIAMI BEACH FL 33160      NORTH MIAMI BEACH FL 33160-3046

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

4. FEI Number      Applied For  
**59-2357157**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DIAZ, ALEJANDRO**  
 3770 N.E. 171 STREET  
 NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent  
 Name: **John D. Gentile CPA**  
 Street Address (P.O. Box Number is Not Acceptable): **1601 N. Palm Ave, Suite 212**  
 City: **Pembroke Pines, FL**      Zip Code: **33026**

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]* **CPA**      DATE: **4/28/00**  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>PD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>DIAZ, ALEJANDRO</b>	TITLE: <b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Peltzman, Herbert</b>
STREET ADDRESS: <b>3770 N.E. 171 STREET</b>	CITY-ST-ZIP: <b>NORTH MIAMI BEACH FL 33160</b>	STREET ADDRESS: <b>3770 NE 171st #504</b>	CITY-ST-ZIP: <b>North Miami Beach, FL, 33160</b>
TITLE: <b>VTD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>SANCHEZ, RAYMOND</b>	TITLE: <b>T/S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Sanchez, Raymond</b>
STREET ADDRESS: <b>3770 N.E. 171 STREET</b>	CITY-ST-ZIP: <b>NORTH MIAMI BEACH FL 33160</b>	STREET ADDRESS: <b>3770 N.E. 171st ST. #608</b>	CITY-ST-ZIP: <b>North Miami Beach, FL 33160</b>
TITLE: <b>SD</b> <input checked="" type="checkbox"/> Delete	NAME: <b>CRUZ, MARIA</b>	TITLE: <b>N/P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>Eisenberg, Thelma</b>
STREET ADDRESS: <b>3770 N.E. 171 STREET</b>	CITY-ST-ZIP: <b>NORTH MIAMI BEACH FL 33160</b>	STREET ADDRESS: <b>3770 NE 171 ST. #303</b>	CITY-ST-ZIP: <b>North Miami Beach, FL 33160</b>
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:

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]*      DATE: **04/27/00**      Daytime Phone #: **305-949-1086**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)