

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739596

1. Entity Name

TEN THOUSAND PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90094 039 \*\*\*\*61.25

Principal Place of Business

10000 W BAY HARBOR DR  
 BAY HARBOR ISLANDS FL 33154

Mailing Address

10000 W BAY HARBOR DR  
 BAY HARBOR ISLANDS FL 33154-1575

2. Principal Place of Business

3. Mailing Address

90 Quality Association Mangers

Suite, Apt. #, etc.

P.O. Box 160763

City & State

Miami, Florida

Zip

33116

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1865097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A.  
 5201 BLUE LAGOON DR., SUITE 100  
 MIAMI FL 33126

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                     |                                            |
|------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SHAFFER, STUART<br>10000 W BAY HARBOR DR<br>BAY HARBOR ISL FL | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>COUFOS, ELLIS<br>10000 W BAY HARBOR DR<br>BAY HARBOR ISL FL   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MESSICK, HELEN<br>10000 W BAY HARBOR DR.<br>BAY HARBOR ISL FL | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>ROSE, ELAINE<br>10000 W BAY HAR. DR<br>BAY HARBOR ISL FL      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PAREDES, RAFAEL<br>10000 W BAY HAROBR DR<br>BAY HARBOR ISL FL  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete            |

|                                                |                                                                              |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>Mark Klepper<br>10000 W Bay Harbor Drive<br>Bay Harbor Isl, FL 33154   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>Stelen Haas<br>10000 W Bay Harbor Drive<br>Bay Harbor Isl, FL 33154    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Peter Lynch<br>10000 W Bay Harbor Drive<br>Bay Harbor Isl, FL 33154     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>Rafael Paredes<br>10000 W Bay Harbor Drive<br>Bay Harbor Isl, FL 33154 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Helen Messick SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(305) 222-1233

Daytime Phone #

CR2E037 (9/99)