

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90041 028 ****61.25

DOCUMENT # 743375

1. Entity Name

OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5555 COLLINS AVENUE
 MIAMI BEACH FL 33140

5555 COLLINS AVENUE
 MIAMI BEACH FL 33140-2559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1863246

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

MOSKOVITZ, ROBERT
5555 COLLINS AVE., OFFICE
MIAMI BEACH FL 33140

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 Delete
 NAME **PD**
MOSKOVITZ, ROBERT
 STREET ADDRESS **5555 COLLINS AVE #9J**
 CITY-ST-ZIP **MIAMI BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
MILLER, BERNARD
 STREET ADDRESS **5555 COLLINS AVE #12R**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
SCHWARTZBEN, MELVYN
 STREET ADDRESS **5555 COLLINS AVE UNIT 8J**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
REINGOLD, MARTIN
 STREET ADDRESS **5555 COLLINS AVE UNIT 16T**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
SARMA Blum
 STREET ADDRESS **5555 COLLINS AVE. #102**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(f), 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* **ROBERT MOSKOVITZ** 3/27/00 866-7617
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #