

DOCUMENT # 743375
1. Entity Name
OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90082 048 ****61.25

Principal Place of Business Mailing Address
5555 COLLINS AVENUE 5555 COLLINS AVENUE
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140



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 Zip Country

4. FEI Number 59-1863246 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSKOVITZ, ROBERT
5555 COLLINS AVE., OFFICE
MIAMI BEACH FL 33140

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: Robert Moskowitz, President 1/5/01
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 | PD | <input type="checkbox"/> Delete |
| NAME | MOSKOVITZ, ROBERT | |
| STREET ADDRESS | 5555 COLLINS AVE #9J | |
| CITY-ST-ZIP | MIAMI BCH FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MILLER, BERNARD | |
| STREET ADDRESS | 5555 COLLINS AVE #12R | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHWARETZBEN, MELVYN | |
| STREET ADDRESS | 5555 COLLINS AVE UNIT 8J | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | BLUM, SEEMA | |
| STREET ADDRESS | 5555 COLLINS AVE UNIT 16T | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 | | <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 1/5/2001 (305) 866-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #