


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90171 040 ****61.25

DOCUMENT # 743375

1. Entity Name
OCEANSIDE PLAZA CONDOMINIUM ASSOCIATION, INC.



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

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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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: SEEMA BLUM **REQUIRE**

4/17/2003 305-866-7617

CR2E037 (10/02)