

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90263 004 \*\*\*\*61.25

**DOCUMENT # 745160**

1. Entity Name

**PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIA**

Principal Place of Business

Mailing Address

16909 N BAY RD  
 NORTH MIAMI BEACH FL 33160  
 US

17001 NORTH BAY ROAD  
 NORTH MIAMI BEACH FL 33160-3643

**C0065204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2071184**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**KALLICNE, ANTHONY A. (ESQ)**  
**BECKER, POLIAKOFF & STREIFFELD, P.A.**  
**6161 BLUE LAGOON DR., SUITE #250**  
**MIAMI FL 33126**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b> <b>SIMONOFF, MARTIN</b>	NAME	
STREET ADDRESS	<b>8564 NW 165TH TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI LAKES FL 33016</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP</b> <b>SANCHEZ, SARA</b>	NAME	<b>T</b> <b>Sanchez, Sara</b>
STREET ADDRESS	<b>16909 NORTH BAY ROAD#221</b>	STREET ADDRESS	<b>16919 N. Bay Rd, #418</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33180</b>	CITY-ST-ZIP	<b>Sunny Isles Beach, Fl. 33160</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD</b> <b>SHIDLOWSKY, HOWARD</b>	NAME	
STREET ADDRESS	<b>18400 W. DIXIE HIGHWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BCH FL 33160</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD</b> <b>BOURBONNIERE, CLAUDE</b>	NAME	<b>VP/D</b> <b>BOURBONNIERE, Claude</b>
STREET ADDRESS	<b>16909 N. BAY RD., #407</b>	STREET ADDRESS	<b>16909 N. Bay Rd, #407</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	CITY-ST-ZIP	<b>Sunny Isles Beach, Fl. 33160</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVP</b> <b>KALUS, ELLIOT</b>	NAME	<b>D</b> <b>KALUS, ELLIOT</b>
STREET ADDRESS	<b>20400 W. COUNTRY CLUB DR.</b>	STREET ADDRESS	<b>20400 W. Country Club Dr.</b>
CITY-ST-ZIP	<b>ADVENTURA FL 33180</b>	CITY-ST-ZIP	<b>ADVENTURA, FL. 33180</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Claude Bourbonniere*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/00 305-944-9126**

CR2E037 (9/99)