

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90936 032 \*\*\*\*61.25

**DOCUMENT # 745160**



1. Entity Name  
**PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**17001 NORTH BAY ROAD  
SUNNY ISLES BEACH FL 33160  
US**

Mailing Address  
**17001 NORTH BAY ROAD  
SUNNY ISLES BEACH FL 33160  
US**

**10071719**



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

**KAYE & ROGER, P.A.  
6261 NW 6 WAY, SUITE 103  
FORT LAUDERDALE FL 33309**

Name **Randall K. Roger & Assoc., PA**  
Street Address (P.O. Box Number is Not Acceptable) **621 NW 53 Street**  
**Suite 300**  
City **Boca Raton** FL Zip Code **33487**

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 *[Signature]* **Randall K. Roger & Assoc.** **4-7-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, KATHLEEN</b>	
STREET ADDRESS	<b>16909 NORTH BAY ROAD #908</b>	
CITY-ST-ZIP	<b>SUNNY ISLES BEACH FL 33160</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NAVARRO, LUIS</b>	
STREET ADDRESS	<b>16909 N BAY ROAD # 516</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33160</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHIDLOWSKY, HOWARD</b>	
STREET ADDRESS	<b>18400 W. DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH FL 33160</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>BOURBONNIERE, CLAUDE</b>	
STREET ADDRESS	<b>16909 N. BAY RD., #407</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, CHRISTINE</b>	
STREET ADDRESS	<b>16909 NORTH BAY RD #511</b>	
CITY-ST-ZIP	<b>SUNNY ISLES BEACH FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS NAVARRO</b>	
STREET ADDRESS	<b>16909 N BAY RD #516</b>	
CITY-ST-ZIP	<b>SUNNY ISLES Bch, FL 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR / SECRETARY / D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAUDE BOURBONNIERE</b>	
STREET ADDRESS	<b>16909 N BAY RD #407</b>	
CITY-ST-ZIP	<b>SUNNY ISLES Bch, FL 33160</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERNANDEZ, CHRISTINE</b>	
STREET ADDRESS	<b>16909 N Bay Rd #511</b>	
CITY-ST-ZIP	<b>Sunny Isles Bch, FL 33160</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH CHAVEZ</b>	
STREET ADDRESS	<b>4331 SW 160 Ave # 210</b>	
CITY-ST-ZIP	<b>Miramonte FL 33027</b>	

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]* **SIGNATURE REQUIRED**

**04/10/03**

CR2E037 (10/02)