

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2000 90263 050 ****61.25

DOCUMENT # 745161

1. Entity Name

PLAZA OF THE AMERICAS CLUB, INC.

Principal Place of Business

Mailing Address

17001 NORTH BAY ROAD
 NORTH MIAMI BEACH FL 33160

17001 NORTH BAY ROAD
 NORTH MIAMI BEACH FL 33160-3643

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1992403

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

BECKER, POLIAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

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	T	<input type="checkbox"/> Delete
NAME	SIMONOFF, MARTIN	
STREET ADDRESS	8564 NW 165 TERR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BERNSTEIN, HAROLD SCOTT	
STREET ADDRESS	16919 N. BAY RD.	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BEAUBRUN, JOHN	
STREET ADDRESS	410 NE 105 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	SANCHEZ, SARA	
STREET ADDRESS	16909 N BAY RD 221	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIDLOWSKY, HOWARD	
STREET ADDRESS	18400 W DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	AVD	<input checked="" type="checkbox"/> Delete
NAME	SLAGHT, ELISE	
STREET ADDRESS	16919 N. BAY RD.	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	

TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simonoff, Martin	
STREET ADDRESS	8564 N.W. 165 Terr.	
CITY-ST-ZIP	Miami Lakes, FL. 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beaubrun, John	
STREET ADDRESS	410 N.E. 105 St.	
CITY-ST-ZIP	Miami Shores, FL. 33138	
TITLE	VPI/Co. P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Sara	
STREET ADDRESS	16919 N. Bay Rd, # 418	
CITY-ST-ZIP	Sunny Isles Beach, FL. 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bourbonniere, Claude	
STREET ADDRESS	16909 N. Bay Rd, #407	
CITY-ST-ZIP	Sunny Isles Beach, FL. 33160	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/00
 Date

305-944-9126
 Daytime Phone #

CR2E037 (9/99)