2000 UNIFORM BUSINESS REPORT (UBR)

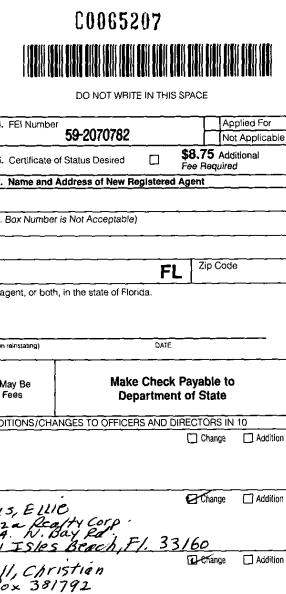
DOCUMENT # **746870** 1. Entity Name PLAZA OF THE AMERICAS PART IV CONDOMINIUM ASSOCI Principal Place of Business Mailing Address

17001 NORTH BAY ROAD

N MIAMI BEACH FL 33160-3643

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

04-18-2000 90263 001 ****61.25



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Not Applicable Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BECKER, POLIAKOFF & STREITFELD, 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) 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. E037 (9/99 TITLE Delete SHIDLOWSKY, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 18400 W DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP n miami beach fl TITLE ☐ Delete TITLE PINKUS, ELLIC NAME NAME PINKUS, ELLIE 10 Plaza Realty Corp. STREET ADDRESS STREET ADDRESS C/O PLAZA REALTY, 17001 N BAY RD. SUMMY ISLES BEACH, Fl. 33/60 CITY-ST-ZIP CITY-ST-ZIE n. Miami BCH. Fl. ☐ Delete TITLE TITLE Lebrell, Christian P.O. Box 381792 LEBRELL, CHRISTIAN NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 381792 N. MIEMI Beach, Fl. 33238 CITY-ST-ZIP CITY-ST-ZIP n miami bech fl 510. Bouet, Albina Highway 18400 W. DIXIE Highway Addition Delete ☐ Change TITLE TITLE NAME ROSENBAUM, MURRAY NAME STREET ADDRESS 17001A NORTH BAY RD STREET ADDRESS N. Miami Beach, Fl. 33180 CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL ☐ Addition DAVP Delete TITLE TITLE Lopatoff, Edithinghway LOPATOFF, EDITH NAME NAME STREET ADDRESS 18400 W. DIXIE HWY. STREET ADDRESS N. Miami Beach, Fl. CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BCH. FL ☐ Delete Addition TITLE TITLE 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 att ment with an address, with all other like empowered.

SIGNATURE?

17021 N BAY RD

N MAIMI BEACH FL 33160

4/3/00 305-944-9126.