2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 10, 2001 8:00 am
Secretary of State
05-03-2001 90991 030 ****61.25

DOCUMENT # T14681O

1. Entity Name
Plaza of the Americas Part IV Condominium Assoc., Inc.

Principal Place of Business	Mailing Address

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
D	President / Sec. Howard Shidlowsky 18400 West Dixie Highway North Miami Beach 33160	☐ Delete		☐ Change ☐ Addition
D	Vice President Christian Lebrell 17001 N. Bay Rd Sunny Isle Beach Florida 33160	☐ Delete		☐ Change ☐ Addition
D	Treasurer Edda Rodriguez 17021 N. Bay Rd Sunny Isle Beach Florida 33160	☐ Delete		☐ Change ☐ Addition
	Ellie Finicus Vice President 17001 N. Bay Rd. Sunny Isle Beach Florida 33160	☐ Delete		☐ Change ☐ Addition
	Vice President Edith Lopatoff. 18400 West Dixie Highway North Miami Beach FL 33160	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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 _____ 4/22/01
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #