


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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90107 049 \*\*\*\*61.25

**DOCUMENT # 746870**

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



Principal Place of Business  
**17021 N BAY RD  
N MIAMI BEACH FL 33160  
US**

Mailing Address  
**17001 NORTH BAY ROAD  
N MIAMI BEACH FL 33160**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-2070782**

Applied For  
 Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KAYE & ROGER, P.A.  
6261 NW 6 WAY, SUITE 103  
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
Name **Randall K. Roger & Associates PA**  
Street Address (P.O. Box Number is Not Acceptable) **1621 NW 53 ST, 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]* **as President Randall K. Roger & Assoc. 3-19-03** 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 **Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | DPS                        | <input checked="" type="checkbox"/> Delete |
| NAME           | SHIDLOWSKY, HOWARD         |  |
| STREET ADDRESS | 18400 W DIXIE HWY          |  |
| CITY-ST-ZIP    | MIAMI FL 33160             |  |
| TITLE          | TD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | PINKUS, ELLIE              |  |
| STREET ADDRESS | 17001 A N BAY RD           |  |
| CITY-ST-ZIP    | SUNNY ISLES BEACH FL 33160 |  |
| TITLE          | SD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | BOUET, ALBINA              |  |
| STREET ADDRESS | 18400 W DIXIE HIGHWAY      |  |
| CITY-ST-ZIP    | NORTH MIAMI BEACH FL 33180 |  |
| TITLE          | VP                         | <input checked="" type="checkbox"/> Delete |
| NAME           | LOPATOFF, EDITH            |  |
| STREET ADDRESS | 18400 W. DIXIE HWY.        |  |
| CITY-ST-ZIP    | NORTH MIAMI BEACH FL 33160 |  |
| TITLE          | DT                         | <input type="checkbox"/> Delete            |
| NAME           | RODRIGUEZ, EDDA            |  |
| STREET ADDRESS | 17021 N BAY ROAD           |  |
| CITY-ST-ZIP    | SUNNY ISLE BEACH FL 33160  |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | VICE PRESIDENT / D        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CARLOS GIORDANNO          |  |
| STREET ADDRESS | 17021 N BAY RD #303       |  |
| CITY-ST-ZIP    | SUNNY ISLES Bch, FL 33160 |  |
| TITLE          | TREASURER / D             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROBERT SAMUDIO            |  |
| STREET ADDRESS | 17021 N BAY RD #712       |  |
| CITY-ST-ZIP    | SUNNY ISLES Bch, FL 33160 |  |
| TITLE          | SECRETARY / D             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICARDO BELFORGE          |  |
| STREET ADDRESS | 17021 N BAY RD #703       |  |
| CITY-ST-ZIP    | SUNNY ISLES Bch, FL 33160 |  |
| TITLE          | DIRECTOR                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | STEVE G HANDEHAROUN       |  |
| STREET ADDRESS | 10919 N BAY RD #906       |  |
| CITY-ST-ZIP    | SUNNY ISLES Bch, FL 33160 |  |
| TITLE          | PRESIDENT                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | EDDA RODRIGUEZ            |  |
| STREET ADDRESS | 17021 N BAY RD #1006      |  |
| CITY-ST-ZIP    | SUNNY ISLES Bch, FL 33160 |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| 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: *[Signature]* **SIGNATURE REQUIRED** Date **305-944-9126** Daytime Phone #

CR2E037 (10/02)