

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90081 019 ****61.25

DOCUMENT # 747039

1. Entity Name

BEACH PLAZA GARDENS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**4101 INDIAN CREEK DRIVE
APT 408
MIAMI BEACH FL 33140
US**

**4101 INDIAN CREEK DRIVE
APT 408
MIAMI BEACH FL 33140
US**

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

59-1437147

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

**HERMAN, CLAUDIA
4101 INDIAN CREEK DRIVE
APT 408
MIAMI BEACH FL 33140**

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 ☐ Delete

**T
IRBAVOH, JULIO
4101 INDIAN CREEK DR #404
MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

**VP
HERMON, MICHAEL
4101 INDIAN CREEK DR # 203
MIAMI FL 33190**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

**D
BIENESTOCK, HARRY
4101 INDIAN CREEK DR, #308
MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

**P
HERMAN, CLAUDIA
4101 INDIAN CREEK DR #408
MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

**D
BLOCH, TOLA
4101 INDIAN CREEK DR #505
MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

**S
CANDIOTI, RACHEL
4101 INDIAN CREEK DR #304
MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ 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:

CLAUDIA HERMAN 305 389 8316

CR2E037 (9/01)