

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90133 009 ****61.25

DOCUMENT # 751049

1. Entity Name

BELLE PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**20 ISLAND AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**20 ISLAND AVENUE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2016637

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

**SKRLD, INC.
 201 ALHAMBRA CIRCLE, STE 1102
 CORAL GABLES FL 33134**

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SUSSMAN, ROBERT	
STREET ADDRESS	20 ISLAND AVENUE #1118	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGUGAN, DAVID	
STREET ADDRESS	20 ISLAND AVE., #PH 4	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MESTRE, HENRY	
STREET ADDRESS	20 ISLAND AVE #1015	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VERBER, JILL	
STREET ADDRESS	20 ISLAND AVE. #914	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GELBER, EDITH	
STREET ADDRESS	20 ISLAND AVE., STE 1408	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, JANET	
STREET ADDRESS	20 ISLAND AVE	
CITY-ST-ZIP	MIAMI BCH. FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAUB, EDWARD	
STREET ADDRESS	20 ISLAND AVE # 1509	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTOLI, ROBERT	
STREET ADDRESS	20 ISLAND AVE # 1009	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFANO	
STREET ADDRESS	20 ISLAND AVE # 1203	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCA, MARIA	
STREET ADDRESS	20 ISLAND AVE # 901	
CITY-ST-ZIP	MIAMI BCH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: X *[Signature]* **SIGNATURE REQUIRED**

2/11/02 **305-538-7221**

Date

Daytime Phone #

CR2E037 (9/01)