

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00-90061-026-\$61.25-\$61.25

DOCUMENT # 755874

FILED

00 MAR 13 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**9300 HARBOR TERRACE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business  
**9300 BAY HARBOR TERRACE HOUSE BAY HARBOR ISLANDS FL 33154**

Mailing Address  
**9300 BAY HARBOR TERRACE C/O FRANCISCO REDONDO BAY HARBOR ISLANDS FL 33154-2397 US**

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

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

4. FEI Number **59-2166031**  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**REDONDO, FRANCISCO  
9300 BAY HARBOR TERR  
CONDO. ASS., INC.  
BAY HARBOR ISLANDS FL 33154**

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 checked="" type="checkbox"/> Delete
NAME	REDONDO, FRANK	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ABITAM, ROBERT	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFE, RICARDO	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OSCAR, REYNALDO	
STREET ADDRESS	9300 BAY HARBOR TERRACE #5A	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINKELSTEIN, VANESSA	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Amish</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marin Battaglia	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FLORIDA 33154	
TITLE	<i>Amish</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricardo Wolfe	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	<i>Amish</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose R Poin	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	APT #5A BAY HARBOR ISLANDS, FL 33154	
TITLE	<i>Amish</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salvador Saezon	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	#40 BAY HARBOR ISL, FL 33154	
TITLE	<i>Amish</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hope Rinkind	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
TITLE	<i>Amish</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUREEN M. CORBETT	
STREET ADDRESS	9300 BAY HARBOR TRC, 5A	
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	

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 OF MARIN BATTAGLIA 1-25-00 (305) 866-9524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #