

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 22, 2001 8:00 am
Secretary of State

01-26-2001 90115 001 ****61.25

DOCUMENT # 755874

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2166031

Applied For

Not Applicable

Zip

Country

Zip

Country

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: **JOAN DENNELL**
 Street Address (P.O. Box Number is Not Acceptable):
420 15 ST #3
MIAMI BEACH FL
 City: **MIAMI BEACH FL** Zip Code: **33139**

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

Joan Dennell

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	BATTAGLIA, MARIA	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLF, RICARDO	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	T	<input type="checkbox"/> Delete
NAME	PONA, JOSE R	
STREET ADDRESS	9300 BAY HARBOR TERRACE APT 2A	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAEOSA, SALVADOR	
STREET ADDRESS	9300 BAY HARBOR TERRACE #48	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	RISEKIND, HOPE	
STREET ADDRESS	9300 BAY HARBOR TERRACE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, MAUREEN M	
STREET ADDRESS	9300 BAY HARBOR TERRACE, 5A	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Battaglia MARIA	
STREET ADDRESS	9300 Bay Harbor Terrace Apt 4C	
CITY-ST-ZIP	Bay Harbor Fl. 33154	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolf Ricardo	
STREET ADDRESS	9300 Bay Harbor Terrace Apt 3C	
CITY-ST-ZIP	Bay Harbor Fl 33154	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pena Jose	
STREET ADDRESS	9300 Bay Harbor Terrace Apt 2A	
CITY-ST-ZIP	Bay Harbor Fl 33154	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivkind Hope	
STREET ADDRESS	9300 Bay Harbor Terrace	
CITY-ST-ZIP	Bay Harbor Fl 33154	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivkind Hope	
STREET ADDRESS	9300 Bay Harbor Terr. Apt 4B	
CITY-ST-ZIP	Bay Harbor Fl 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

SIGNATURE REQUIRED

Jose R Pena 2/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #