

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90266 012 ****61.25

DOCUMENT # 757230

Entity Name
OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC.

60006589



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 N.E. 23RD ST 701 N.E. 23RD ST
 33137 #101-308
 FL 33137 MIAMI FL 33137-4968

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2161360** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
10161 BLUE LAGOON DR.
SUITE 250
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: *Vernon Luis Ayad*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/00
 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 PD AYAD, GEORGE STREET ADDRESS 701 N.E. 23 STREET #202 CITY-ST-ZIP MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD TRUJILLO, HECTOR STREET ADDRESS 701 NE 23RD STREET, #108 CITY-ST-ZIP MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD CLEMENS, JOHN STREET ADDRESS 701 N.E. 23 STREET #308 CITY-ST-ZIP MIAMI FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>SD NICIA FERRER 701 N.E. 23 ST #207 MIAMI, FL 33137</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD PEREZ, DIEGO STREET ADDRESS 8910 GRAND CANAL DRIVE CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>TD ARMINDA BETANCOURT 701 N.E. 23 ST #301 MIAMI, FL 33137</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vernon Luis Ayad, George A. Ayad*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 1/16/00 Daytime Phone #: (305) 673-6260

CR2E037 (9/99)