

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758038

1. Entity Name

BAY HOUSE TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

17878 N BAY ROAD
MIAMI BEACH FL 33160

Mailing Address

17878 N BAY ROAD
MIAMI BEACH FL 33160-2793

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

59-2390488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, CARMEN
17878 N BAY ROAD
#201
MIAMI BEACH FL 33160

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 PD
NAME ABOUTLAM, SAM
STREET ADDRESS 17878 NO. BAY RD. #305
CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Delete

TITLE DVP
NAME CIOCCIO, JOE D
STREET ADDRESS 17878 NO. BAY RD. #604
CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Delete

TITLE D
NAME HERNANDEZ, DEBBIE
STREET ADDRESS 17878 N BAY RD #501
CITY-ST-ZIP MIAMI BCH FL 33160 ☒ Delete

TITLE DT
NAME SCHNEIDER, CARMEN
STREET ADDRESS 17878 NO. BAY RD. #201
CITY-ST-ZIP MIAMI BEACH FL 33160 ☐ Delete

TITLE S
NAME MAZA, RAYMOND
STREET ADDRESS 17878 N BAY RD #602
CITY-ST-ZIP MIAMIA BCH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Carmen Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90109 001 ****61.25



DO NOT WRITE IN THIS SPACE

4/12/00 305 682 8887