

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90067 021 \*\*\*\*61.25

**DOCUMENT # 768265**

1. Entity Name

**OFFICE IN THE PARK CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7355 S.W. 87 AVE.  
 STE 300  
 MIAMI FL 33173  
 US

7355 S.W. 87 AVE.  
 STE 300  
 MIAMI FL 33173-3565  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2375229**

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

7. Name and Address of New Registered Agent

**DAY, BRYAN P**  
**7355 S.W. 87 AVE.**  
**STE 300**  
**MIAMI FL 33173**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, GRANT</b>	
STREET ADDRESS	<b>7315 SW 87TH AVE SUITE 100</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33173</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>DAY, KATHLEEN</b>	
STREET ADDRESS	<b>7355 S.W. 87 AVE - #300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DAY, BRYAN P</b>	
STREET ADDRESS	<b>7355 SW 87 AVE - #300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *S. P. Day* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/00** **305-274-9001**  
 Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE