


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90098 033 \*\*\*\*61.25

**DOCUMENT # N14289**

1. Entity Name  
**BISCAYNE POINT HOMEOWNERS ASSOCIATION, INC.**




Principal Place of Business  
**C/O LUCERO LEVY  
1101 S BISCAYNE POINT ROAD  
MIAMI BEACH FL 33141  
US**

Mailing Address  
**C/O LUCERO LEVY  
1101 S BISCAYNE POINT ROAD  
MIAMI BEACH FL 33141  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0017693** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEVY, LUCERO**  
**1855 CLEVELAND ROAD**  
**MIAMI BEACH FL 33141**

*PLEASE CORRECT NAME SPELLING*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERMAN, THEODORE</b>	
STREET ADDRESS	<b>7970 BISCAYNE POINT CIR.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, SILVO</b>	
STREET ADDRESS	<b>8010 NOREMAC AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, LUCERO</b>	
STREET ADDRESS	<b>1855 CLEVELAND ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SORIANO, MAURICE</b>	
STREET ADDRESS	<b>1295 DAYTONA ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NARSON, COREY</b>	
STREET ADDRESS	<b>7820 NORGEMAC AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGRISSO, JULIO</b>	
STREET ADDRESS	<b>1600 CLEVELAND ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 information.

SIGNATURE: *[Signature]* **REQUIRED** **1/18/03** **305-865-4960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)