

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **193000002408**

1. Entity Name

WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

**Windsor Plaza Condominium
P.O. Box 190764
Miami Beach, FL 33119**

1320 DREXEL AVE.

2. Principal Place of Business

1320 DREXEL AVE.

Suite, Apt. #, etc.

3. Mailing Address

WINDSOR PLAZA CONDOMINIUM

Suite, Apt. #, etc.

P.O. BOX 190764

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

650567265

Applied For

Not Applicable

Zip

33139

Country

MIAMI-DADE

Zip

33119

Country

MIAMI-DADE

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

Name

MONICA RASPANTI

Street Address (P.O. Box Number is Not Acceptable)

8819 EMERSON AVE.

City

SURFSIDE

FL

Zip Code

33154

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

Monica Raspanti

5.11.00

Signature, typed or printed name of registered agent and title if applicable.

(Not 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
NELSON AYAN
1671 SW 15TH ST.
MIAMI, FL 33145**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SD
MONICA RASPANTI
8819 EMERSON AVE.
SURFSIDE, FL 33154**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
OLIVER AYAN
219 E 9TH ST. #3
N.Y. N.Y. 10017**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ 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:

Monica Raspanti

5.11.00

305-868-5362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)