

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90048 038 ****61.25

DOCUMENT # **193000002408**

1. Entity Name

WINDSOR PLAZA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

1320 DREXEL AVE.

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

00060669

2. Principal Place of Business

1320 DREXEL AVE.

3. Mailing Address

WINDSOR PLAZA CONDOMINIUM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 190764

DO NOT WRITE IN THIS SPACE

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 a 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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:

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)