

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743025

1. Entity Name

BAY COURT TOWERS CONDOMINIUM, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90071 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

899 WEST AVENUE  
MIAMI BEACH FL 33139

899 WEST AVENUE  
MIAMI BEACH FL 33139-5570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1924203

Applied For

Not Applicable

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

GONZALEZ, MARIA B.  
899 WEST AVENUE  
APT. 9J  
MIAMI BEACH FL 33139

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	SD	<input type="checkbox"/> Delete
NAME	GABLE, CLARK	
STREET ADDRESS	899 W AVE, 9E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYES, SANDRA	
STREET ADDRESS	899 W AVE, 5A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GONZALEZ, LEOPOLDO	
STREET ADDRESS	899 W AVE 3M	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARRA, ALFREDO A	
STREET ADDRESS	899 WEST AVENUE, #6E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RETUETA, SOPHIA	
STREET ADDRESS	899 W AVE, 6A	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRA REYES	
STREET ADDRESS	899 WEST AV. 5A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANAI'S EISO	
STREET ADDRESS	899 WEST AV. 4F	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK JUBRAN	
STREET ADDRESS	899 WEST AV. 9L	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFREDO PARRA	
STREET ADDRESS	899 WEST AV. 6E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPHIA RETUTA	
STREET ADDRESS	899 WEST AV. 6A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA MESA	
STREET ADDRESS	899 WEST AV. 7G	
CITY-ST-ZIP	MIAMI BEACH FL	

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:

*Alfredo Parra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00-305-531-5006

Date

Daytime Phone #

CR2E037 (9/99)