

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90051 002 \*\*\*\*61.25

**DOCUMENT # 728144**

1. Entity Name

**BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3301 N.E. 5TH AVENUE  
 MIAMI FL 33137

3301 N.E. 5TH AVENUE  
 MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1603811**

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

**BECKER & POLIAKOFF, P.A.**  
**% ROSA DE LA CAMARA**  
**5201 BLUE LAGOON DR- STE 100**  
**MIAMI FL 33126**

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**  Delete  
 NAME: **NORDONE, JOSEPH**  
 STREET ADDRESS: **3301 NE 5TH AVE #1218**  
 CITY-ST-ZIP: **MIAMI FL 33137**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **PD**  Delete  
 NAME: **DI ROCCO MARIE,**  
 STREET ADDRESS: **3301 NE 5TH AVE PH-11**  
 CITY-ST-ZIP: **MIAMI FL 33137**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **VPD**  Delete  
 NAME: **MARTINEZ, DIEGO**  
 STREET ADDRESS: **3301 N.E. 5 AVE., #713**  
 CITY-ST-ZIP: **MISMI FL**

TITLE: **TREASURER**  Change  Addition  
 NAME: **MARTINEZ, DIEGO**  
 STREET ADDRESS: **3301 N.E. 5th AVE. #713**  
 CITY-ST-ZIP: **MIAMI, FL 33137**

TITLE: **TD**  Delete  
 NAME: **O'NEIL, KATHLEEN**  
 STREET ADDRESS: **3301 N.E. 5TH AVE #515**  
 CITY-ST-ZIP: **MIAMI FL 33137**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **D**  Delete  
 NAME: **ZOOK, CALVIN**  
 STREET ADDRESS: **3301 N.E. 5TH AVE 1205**  
 CITY-ST-ZIP: **MIAMI FL 33137**

TITLE: **VICE-PRESIDENT**  Change  Addition  
 NAME: **ZOOK, CALVIN**  
 STREET ADDRESS: **3301 N.E. 5th AVE. #818**  
 CITY-ST-ZIP: **MIAMI, FL 33137**

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SECRETARY**  Change  Addition  
 NAME: **MAGIDA, ALAN**  
 STREET ADDRESS: **3301 N. E. 5th AVE. #PH-11**  
 CITY-ST-ZIP: **MIAMI, FL 33137**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (30) 573-5404  
 Date Daytime Phone #

CR2E037 (10/00)