

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 752754**

1. Entity Name

BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90096 034 ****61.25

Principal Place of Business

2545 S BAYSHORE DR #100
MIAMI FL 33133
US

Mailing Address

BAYSHORE PARK CONDOMINIUM ASSOC INC
2545 S BAYSHORE DR. #100
MIAMI FL 33133
US

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

59-2066115

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

SERALLLES, JUAN
2545 S. BAYSHORE DR
#111
MIAMI FL 33133

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 \$61.259. 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 | DVP | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, ROLANDO P | |
| STREET ADDRESS | 2545 S BAYSHORE DR #106 | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SERRALES, JUAN | |
| STREET ADDRESS | 2545 S BAYSHORE DR #111 | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | EXPOSITO, ALEX | |
| STREET ADDRESS | 2545 S BAYSHORE DR #201 | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
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| 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)