

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90602 037 \*\*\*\*61.25

DOCUMENT # 747039

1. Entity Name

BEACH PLAZA GARDENS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

4101 INDIAN CREEK DRIVE  
APT 408  
MIAMI BEACH FL 33140  
US

Mailing Address

4101 INDIAN CREEK DRIVE  
APT 408  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SAUE

Suite, Apt. #, etc.

SAUE

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1437147

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

HERMAN, CLAUDIA  
4101 INDIAN CREEK DRIVE  
APT 408  
MIAMI BEACH FL 33140

Name

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

SAUE AS BEFORE

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 NAME STREET ADDRESS CITY-ST-ZIP	ST REGO, MALCOM 4101 INDIAN CREEK DR #404 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERMON, MICHAEL 4101 INDIAN CREEK DR # 203 MIAMI FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIENESTOCK, HARRY 4101 INDIAN CREEK DR. #308 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERMAN, CLAUDIA 4101 INDIAN CREEK DR #408 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCH, TOLA 4101 INDIAN CREEK DR #505 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANDIOTTI, RACHEL 4101 INDIAN CREEK DR #304 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JULIO IRBAUGH 4101 Indian Creek Dr # 402 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERMAN Michael 4101 Indian Creek Dr # 203 Miami Beach FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bienestock Harry 4101 Indian Creek Dr # 308 Miami Beach FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERMAN CLAUDIA 4101 Indian Creek Dr #408 MIAMI BEACH FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCH, TOLA 4101 Indian Creek Dr #505 MIAMI BEACH FL 33140	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Candioti Rachel 4101 Indian Creek Dr #304 Miami BEACH FL 33140	<input checked="" 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:

CLAUDIA HERMAN PRESIDENT

2/6/01

305 3898316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)