

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 743536**

1. Entity Name

BYRON PARK ASSOCIATION, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90017 003 *****61.25

0038819

Principal Place of Business

**7921 BYRON AVE.
MIAMI BEACH FL 33141-1901**

Mailing Address

**7921 BYRON AVE.
MIAMI BEACH FL 33141-1901**

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

59-2070402

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

**JONAS, ROYAL FLAGG
1750 NE 167TH ST
SUITE 1530
MIAMI BEACH FL 33162**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	D'SOTO, MARIO	7921 BYRON AVE	MIAMI BEACH FL	<input type="checkbox"/>
T	LOPEZ, ZELMA	7921 BYRON AVE	MIAMI BEACH FL	<input type="checkbox"/>
D	SIQUEIRA, WILLER	7921 BYRON AVE.	MIAMI BEACH FL 33141-1901	<input type="checkbox"/>
D	RIVERIN, CARIDAD	7921 BYRON AVE.	MIAMI BEACH FL 33141-1901	<input type="checkbox"/>
S	CASTILLO, CARMEN	7921 BYRON AVE.	MIAMI BEACH FL	<input type="checkbox"/>
VP	RIVERON, CARIDAD	7921 BYRON AVE	MIAMI BEACH FL 33144	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Zelma Lopez 4/20/01 (305) 868-5491

Date

Daytime Phone #

CR2E037 (10/00)