

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90087 050 ****61.25

DOCUMENT # 717860

1. Entity Name

BAYSHORE PLACE CONDOMINIUM, INC.

Principal Place of Business

1420 BRICKELL BAY DR
 MIAMI FL 33131
 US

Mailing Address

1420 BRICKELL BAY DRIVE
 MIAMI FL 33131
 US

c/o Miami Management

2. Principal Place of Business

3. Mailing Address

14275 SW 142 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33186

4. FEI Number

59-1475007

Applied For

Not Applicable

Zip

Country

33186

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ZAMORA, NELLY~~ **ERIK GOFF**
 1420 BRICKELL BAY DRIVE
 MIAMI FL 33131

Name *Miami Management*

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

14275 SW 142 AVE

City *Miami*

FL

Zip Code *33186*

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] **ERIK GOFF, Deputy Mgr**

4/27/01

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORALES, YOLANDA 1420 BRICKELL BAY DRIVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBERT, WALTER 1420 BRICKELL BAY DR. #608 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMBERT, WALTER 1420 BRICKELL BAY DRIVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGNONE, TERESA 1420 BRICKELL BAY DRIVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ-CISNEROS, TERESA 1420 BRICKELL BAY DRIVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, TERESA 1420 BRICKELL BAY DR MIAMI FL 33131	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ-GANZON, ZALO 1420 BRICKELL BAY DR #102 MIAMI, FL. 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, WALTER 1420 BRICKELL BAY DR #608 MIAMI, FL. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRIETO, SUSANA 1420 BRICKELL BAY DR #102 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLORES, Mintha 1420 BRICKELL BAY DR MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hechberg, VERA 1420 BRICKELL BAY DR MIAMI, FL. 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, TERESA 1420 BRICKELL BAY DR MIAMI, FL. 33131	<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

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)