

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90333 044 ****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

**C/O MIAMI MANAGEMENT
14275 SW 142 AVENUE
MIAMI FL 33186
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**1420 BRICKELL BAY DR
MIAMI FL**

33131

MIAMI-DADE

4. FEI Number **59-1475007**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MIAMI MANAGEMENT
14275 SW 142 AVENUE
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **NELLY ZAMORA, MANAGER**
Street Address (P.O. Box Number is Not Acceptable)
1420 BRICKELL BAY DR
City **MIAMI, FL** Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Nelly Zamora, MGR.

1/8/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LOPEZ GARZON, ZALO | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE #102 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAMBERT, WALTER | |
| STREET ADDRESS | 1420 BRICKELL BAY DR. #608 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SILVER, MAX | |
| STREET ADDRESS | 1420 BRICKELL BAY DR #1107 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DVP | <input checked="" type="checkbox"/> Delete |
| NAME | FLORES, MIRTHA | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HECHBERS, VERA | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | FREEMAN, LARRY | |
| STREET ADDRESS | 1420 BRICKELL BAY DR #1206 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARRY FREEMAN | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAURICIO CARDENAL | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARY COOMBS | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI, FL 33131 | |
| TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUTISTA PUIG | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSE QUINONES | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARISA VENEGAS | |
| STREET ADDRESS | 1420 BRICKELL BAY DRIVE | |
| CITY-ST-ZIP | MIAMI FL 33131 | |

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

1/21/2003 305-373-5987

CR2E037 (10/02)