

**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

*Nelly Zamora, MGR.*

*1/8/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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)