

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90247 045 ****61.25

DOCUMENT # 707017

1. Entity Name

BISCAYNE LAKE GARDENS BUILDING "A", CORP., INC.

Principal Place of Business

Mailing Address

2800 N.E. 203 STREET
 MIAMI FL 33180

2865 N.E. 201ST TERR
 AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

2800 NE 203 STREET
 Suite, Apt. #, etc.
 2800 NE 203 ST. APT. A6

2800 NE 203 ST.
 Suite, Apt. #, etc.
 APT. 6 A

City & State
 Aventura FL.

City & State
 Aventura FL

Zip
 33180 Country
 USA

Zip
 33180 Country

4. FEI Number
 59-1235863

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

SMAGALA, JEAN
 2800 N.E. 20 RD ST.
 #A-9
 AVENTURA FL 33180

Name JEAN SMAGALA
 Street Address (P.O. Box Number is Not Acceptable)
 2800 NE 203 ST. APT. 6 "A"
 City Aventura FL Zip Code 33180

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 PD ☒ Delete
 NAME FIELEK, STANLEY
 STREET ADDRESS 2800 NE 203 ST
 CITY-ST-ZIP MIAMI, FL 00000

TITLE PRESIDENT - Director ☐ Change ☐ Addition
 NAME JEAN SMAGALA
 STREET ADDRESS 2800 NE 203 STREET
 CITY-ST-ZIP Aventura, FL 33180

TITLE VD ☒ Delete
 NAME BOSLEY, JEANNE
 STREET ADDRESS 2800 NE 203 ST #A21
 CITY-ST-ZIP AVENTURA FL 33180

TITLE VICE-PRESIDENT - Director ☒ Change ☒ Addition
 NAME Filippo LA CAVA
 STREET ADDRESS 57 ANDES PLACE
 CITY-ST-ZIP STATEN ISLAND, N.Y. 10314

TITLE PD ☐ Delete
 NAME SMAGALA, JEAN
 STREET ADDRESS 2800 NE 203RD ST. A-6
 CITY-ST-ZIP AVENTURA FL 33180

TITLE TREASURER - Director ☒ Change ☒ Addition
 NAME HAIM SWISSA
 STREET ADDRESS 2760 NE 203 ST.
 CITY-ST-ZIP Aventura, FL 33180

TITLE VD ☒ Delete
 NAME ETZION, DAVID
 STREET ADDRESS 24205 YACHT CLUB DR. #3002
 CITY-ST-ZIP MIAMI FL 33181

TITLE SECRETARY - Director ☒ Change ☐ Addition
 NAME DONNA BAJKOWSKI
 STREET ADDRESS 20201 NE 29 CT D#224
 CITY-ST-ZIP Aventura, FL. 33180

TITLE SD ☒ Delete
 NAME HUSAK, MILDRED
 STREET ADDRESS 20201 NE 29TH CT. #D-332
 CITY-ST-ZIP AVENTURA FL 33180

TITLE DIRECTOR ☒ Change ☒ Addition
 NAME MARCEL LEVESQUE
 STREET ADDRESS 1105 ST. LOUIS
 CITY-ST-ZIP ST. JEAN CHRYSOSTOME, PQ, CANADA G6Z 2L6

TITLE D ☐ Delete
 NAME BAJKOWSKI, DONNA
 STREET ADDRESS 20201 NE 29TH CT. #D-224
 CITY-ST-ZIP MIAMI FL 33180

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: JEAN SMAGALA, Pres. 4/29/02 305-935-0153
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)