

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-24-2003 90171 042 ***61.25

DOCUMENT # 714823

1. Entity Name
ANDOR PLAZA ASSOCIATION, INC.



Principal Place of Business
**16850 SOUTH GLADES DR
NORTH MIAMI BEACH FL 33162-US**

Mailing Address
**16850 SOUTH GLADES DR
NORTH MIAMI BEACH FL 33162-US
US**

2. Principal Place of Business
ANDOR PLAZA Assoc
Suite, Apt. #, etc. **3K**

3. Mailing Address
16850 South Glades Dr
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
North Miami Beach
Zip
33162
Country
USA

City & State
Zip
Country

4. FEI Number **59-1303156**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SERRANO, CARMEN
16850 SOUTH GLADES DR 3K
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name **CARMEN SERRANO**
Street Address (P.O. Box Number is Not Acceptable)
16850 SOUTH GLADES DR 3K
(PHONE) 305-945-4313.
City **NORTH MIAMI BEACH FL** Zip Code **33162**

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 **CARMEN SERRANO President** **[Signature]** **Feb 20-2003**
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

TITLE NAME D STREET ADDRESS CITY-ST-ZIP	PSD President SERRANO, CARMEN 16850 S GLADES DR, #3K N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	VPD Vice-President BALDONADO, DELFIN 16850 S GLADES DR, #6K N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	OT Treasurer ROSARIO, PEDRO 16850 S GLADES DR 5J N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME T STREET ADDRESS CITY-ST-ZIP	OT OFFICER SILVA, ANTONIO 16850 S GLADES DR, #4J N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O OFFICER ELLIS, JOSEPH JR 16850 S GLADES DR 4H MIAMI FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O OFFICER DE ARMAS, MILAGROS 16850 S GLADES DR 3E N MIAMI BEACH FL 33162	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Pedro ROSARIO 16850 S. Glades Drive 5J N Miami Beach FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE OSORIO SECRETARY 16850 S. Glades Dr 5D N Miami Beach FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 information.

SIGNATURE: **CARMEN SERRANO** **[Signature]** **Feb 20 2003** **305 945-4313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (10/02)