

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

Zip

Country

33186

USA

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

~~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

Erik Goff

Erik Goff, Property 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORALES, YOLANDA 1420 BRICKELL BAY DRIVE MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBERT, WALTER 1420 BRICKELL BAY DR. #608 MIAMI FL 33131	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAMBERT, WALTER 1420 BRICKELL BAY DRIVE MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGNONE, TERESA 1420 BRICKELL BAY DRIVE MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ-CISNEROS, TERESA 1420 BRICKELL BAY DRIVE MIAMI FL 33131	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, TERESA 1420 BRICKELL BAY DR MIAMI FL 33131	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ-GANZON, ZALO 1420 BRICKELL BAY DR #102 MIAMI, FL. 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, WALTER 1420 BRICKELL BAY DR #608 MIAMI, FL. 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRIETO, SUSANA 1420 BRICKELL BAY DR #1102 MIAMI, FL. 33131	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FLORES, Mintha 1420 BRICKELL BAY DR MIAMI, FL. 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herchberg, VERA 1420 BRICKELL BAY DR MIAMI, FL. 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, TERESA 1420 BRICKELL BAY DR MIAMI, FL. 33131	☒ Change ☐ 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: *Erik Goff* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)