2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
02-07-2002 90312 026 ****61.25

DOCUMENT # 719094

1. Entity Name

CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, I NC.

Principal Place of Business	Mailing Address
1849 S OCEAN DR HALLANDALE FL 33009	1849 S OCEAN DR HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1355519 ☐ 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
LAW OFFICES OF ERIC M. GLAZER, P.A. 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE FL 33009	Name: Law Offices of Fein and Meloni, P.A. Street Address (P.O. Box Number is Not Acceptable): 900 South State Rd 7 City: Plantation FL Zip Code: 33317

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: Steven A Fein, P.A. Steven A. Fein 3/4/02
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	PD DAVIS, JOEL 1849 SO. OCEAN DRIVE HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Evelyn Guevara 1849 S Ocean Drive Hallandale, Fl 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D FUCHS, MANNY 1849 SO. OCEAN DR. HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. President Marlene Hernandez 1849 S. Ocean Drive Hallandale Fl 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAHN, HENRY 1849 SO. OCEAN DRIVE HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Emanuel Fuchs 1849 S Ocean Drive Hallandale Fl 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEUER, BERNARD 1849 SO. OCEAN DR. HALLANDALE FL 33009	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst Treasurer Julio Acosta 1849 S. Ocean Drive Hallandale, Fl 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Bernard Scheuer 1849 S. Ocean Drive Hallandale, Fl 33009	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: /s/ [illegible] REQUIRED 1/23/02 954-456-2816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #