

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90310 002 ****61.25

DOCUMENT # 719094

1. Entity Name
**CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, I
NC.**



Principal Place of Business

**1849 S OCEAN DR
HALLANDALE FL 33009**

Mailing Address

**1849 S OCEAN DR
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**LAW OFFICES OF ERIC M. GLAZER, P.A.
900 SOUTH STATE RD. 7
FORT LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name **LAW OFFICES OF FEINE MELONI**
Street Address (P.O. Box Number is Not Acceptable)
900 S. STATE RD 7
PLANTATION, FL 33317
City **1** FL Zip Code

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 *Steven A. Fein*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/03
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 **PD GUERRA, EVELYN** ☐ Delete
NAME **GAURA, EVELYN**
STREET ADDRESS **1849 SO. OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **V/D** ☐ Delete
NAME **HERNANDEZ, MARLENE**
STREET ADDRESS **1849 SO. OCEAN DR.**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **TD** ☐ Delete
NAME **FUCHS, EMAUNEL**
STREET ADDRESS **1849 SO. OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **ATD** ☐ Delete
NAME **ACOSTA, JULIO**
STREET ADDRESS **1849 SO. OCEAN DR.**
CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE **SD** ☒ Delete
NAME **SEIDNER, BERNARD**
STREET ADDRESS **1849 S. OCEAN DRIVE**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** ☐ Change ☒ Addition
NAME **OTERO, ARLETTE**
STREET ADDRESS **1849 S. OCEAN DR.**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Eric Meloni*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President PTS. 1/23/03 **954-456-2816**

CR2E037 (10/02)