

# 2000 UNIFORM BUSINESS REPORT (UBR)

0028641

**DOCUMENT # 728141**

1. Entity Name

**THE HOMESTEAD PLAZA CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

1000 N.W. 54 STREET  
MIAMI FL 33127

Mailing Address

1000 N.W. 54 STREET  
MIAMI FL 33127-1820

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**HARRISON, JOHN C. JR.**  
**1000 N.W. 54 STREET**  
**MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

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

TITLE **D** ☐ Delete  
NAME **ESPINOZA-MENDOZA, CRISTINA**  
STREET ADDRESS **8325 S. W. 54 AVE.**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **PD** ☐ Delete  
NAME **HARRISON, JOHN C. JR.**  
STREET ADDRESS **1000 N.W. 54 STREET**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **SD** ☐ Delete  
NAME **MONTGOMERY, MARIE**  
STREET ADDRESS **1000 N.W. 54 STREET**  
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **500003123815- - 2**  
CITY-ST-ZIP **-02/04/00--01028--014**  
**\*\*\*\*\*61.25** ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition  
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)(l), 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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John C. Harrison, Jr.** 1/20/00 305-757-0621

Date

Daytime Phone #

CR2 01/19/99

**FILED**

00 JAN 25 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1294759**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required