

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90214 039 ****61.25

DOCUMENT # 728144

1. Entity Name

BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3301 N.E. 5TH AVENUE
 MIAMI FL 33137**

**3301 N.E. 5TH AVENUE
 MIAMI FL 33137**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1603811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BECKER & POLIAKOFF, P.A.
 % ROSA DE LA CAMARA
 5201 BLUE LAGOON DR- STE 100
 MIAMI FL 33126**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAGIDA, ALAN	
STREET ADDRESS	3301 N.E. 5TH AVE # PH-11	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DI ROCCO MARIE,	
STREET ADDRESS	3301 NE 5TH AVE PH-11	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTINEZ, DIEGO	
STREET ADDRESS	3301 N.E. 5 AVE., #713	
CITY-ST-ZIP	MISMI FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, KATHLEEN	
STREET ADDRESS	3301 N.E. 5TH AVE #515	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZOOK, CALVIN	
STREET ADDRESS	3301 N.E. 5TH AVE 1205	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teresita Cruz	
STREET ADDRESS	3301 N.E. 5th Ave. # 110	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy C. Golden	
STREET ADDRESS	4220 Palm Lane	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diego Martinez	
STREET ADDRESS	3301 N.E. 5th Ave. # 713	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miriam Garcia	
STREET ADDRESS	3301 N.E. 5th Ave. # 511	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Cantellano	
STREET ADDRESS	3301 N.E. 5th Ave. # 418	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Signed and Required President 1/23/02 (305) 375-9242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)