

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90207 017 ****61.25

DOCUMENT # 728144

1. Entity Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, TERESITA	
STREET ADDRESS	3301 N E 5TH AVE # 110	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDEN, RANDY C	
STREET ADDRESS	4220 PALM LANE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, DIEGO	
STREET ADDRESS	3301 N.E. 5 AVE., #713	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, MIRIAM	
STREET ADDRESS	3301 N E 5TH AVE # 511	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANTELLANO, MARIA	
STREET ADDRESS	3301 N E 5TH AVE # 418	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, BARBARA	
STREET ADDRESS	3301 NE 5th AVE # 901	
CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, RANDY C.	
STREET ADDRESS	4220 PALM LANE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, DIEGO	
STREET ADDRESS	3301 NE 5th AVE # 713	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFER, CRAIG	
STREET ADDRESS	1780 CHUCUNANTAH ROAD.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DI ROCCO, MARIE	
STREET ADDRESS	3301 NE 5th AVE # PH11	
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

SIGNATURE REQUIRED

2/3/03 (305) 573-5404

CR2E037 (10/02)