

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90361 017 ****70.00

DOCUMENT # 732065

1. Entity Name

BISCAYNE 21 CONDOMINIUM, INC.

Principal Place of Business

**2121 N. BAYSHORE DR.
MIAMI FL 33137**

Mailing Address

**2121 N. BAYSHORE DR.
MIAMI FL 33137-5123**

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

59-1913896

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

Name

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

City

FL

Zip Code

**MARTINEZ, ARMANDO
2121 N. BAYSHORE DRIVE
MIAMI FL 33137**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ANTELO, ALINA	2121 N. BAYSHORE DR. #1409	MIAMI FL 33137	<input checked="" type="checkbox"/>
V	LUDDLE, SARAH D	2121 N. BAYSHORE DR. #513	MIAMI FL 33137	<input type="checkbox"/>
T	LUKACS, MARYANNE	2121 N. BAYSHORE DR. #719	MIAMI FL 33137	<input type="checkbox"/>
D	SINGLETON, JOHN	2121 N BAYSHORE DR #519	MIAMI FL 33137	<input checked="" type="checkbox"/>
D	ZATINSKY, MIRIAM	2121 N. BAYSHORE DR.	MIAMI FL 33137	<input type="checkbox"/>
D	OLIVEROS, DAISY	2121 N. BAYSHORE DR. #616	MIAMI FL 33137	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	DELETE
P	ROBERT STRICKLAND	2121 N. Bayshore Drive #1112	Miami, Florida 33137	<input type="checkbox"/>	<input type="checkbox"/>
S	GUILLERMO ALONSO	2121 North Bayshore Drive #407	Miami, Florida 33137	<input type="checkbox"/>	<input type="checkbox"/>
D	MARY O'NEILL	2121 North Bayshore Drive #1013	Miami, Florida 33137	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #