2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90012 047 ****61.25

DOCUMENT # 737507

910253

DO NOT WRITE IN THIS SPACE

1. Entity Name

MOON BAY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
104350 OVERSEAS HWY KEY LARGO FL 33037	8299 CORAL WAY MIAMI FL 33155

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 59-1797593 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name PERSAUD + DECKER, P.A.

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

1450 MADRUGA AVE SUITE 300

City CORAL GABLES FL Zip Code 33146

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 PERSAUD + DECKER 1/23/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNAPP, PAUL P.O. BOX 100618 FL LAUDERDALE FL 33310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ECHENIQUE, LUIS 5900 SW 28028 MIAMI FL 33156	☒ Delete	TITLE SD / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition KING, ROBERTS. 104350 OVERSEAS HWAY # TH-15 KEY LARGO, FL 33037
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SENKLAIR, NICK 10961 SW 106 AVE MIAMI FL 33176	☒ Delete	TITLE VPD / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ECHENIQUE, LUIS 5900 SW 100 ST # B-204 Miami FL 33156
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAIUNNDEZ, JULIO 41 SW 132 CT MIAMI FL 33184	☒ Delete	TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition RAIMUNDEZ, JULIO 41 SW 132 CT Miami FL 33184
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 PAUL KNAPP 954 484 9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #