

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90021 048 \*\*\*\*61.25

**DOCUMENT # 744090**

1. Entity Name  
**EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM**

|   |   |
|---|---|
| Principal Place of Business<br><b>618 EUCLID AVE.<br/>MIAMI BEACH FL 33139-0628</b> | Mailing Address<br><b>618 EUCLID AVE.<br/>SUITE 403<br/>MIAMI BEACH FL 33139-0629</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|   |   |   |  |
|---|---|---|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1991594</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| City & State  | City & State                              | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |
| Zip   | Country                                   | Zip   | Country  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>ABASCAL, BEATRIZ M<br/>618 EUCLID AVE.<br/>SUITE 403<br/>MIAMI BEACH FL 33139</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                     |   |  |
|-------------------------------------|---|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Department of State</b> |
|-------------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ABASCAL, BEATRIZ M<br/>618 EUCLID AVE, #403<br/>MIAMI BCH, FL 33139</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>618 Euclid Ave # 403<br/>Miami Bch., FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STD<br/>VERITE, JORDI R<br/>618 EUCLID AVE, #403<br/>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>618 Euclid Avenue #403<br/>Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>CORO, CARIDAD<br/>618 EUCLID AVE, #403<br/>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>618 Euclid Avenue # 201<br/>Miami Beach, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: *Beatriz M Abascal* **RECORDED** 4-12-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 (9/99)