

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744090

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: EUCLID PLAZA ASSOCIATION, INC., A CONDOMINIUM

**Current Principal Place of Business:**

618 EUCLID AVE.  
MIAMI BEACH, FL 331398628

**New Principal Place of Business:**

**Current Mailing Address:**

618 EUCLID AVE.  
SUITE 403  
MIAMI BEACH, FL 331398628

**New Mailing Address:**

FEI Number: 59-1991594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABASCAL, BEATRIZ M  
618 EUCLID AVE.  
SUITE 403  
MIAMI BEACH, FL 33139

**Name and Address of New Registered Agent:**

DBM LIMITED, INC  
356 W. 46 STREET  
MIAMI BEACH, FL 33140

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: DONNA MOORE      05/01/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ABASCAL, BEATRIZ M  
Address: 618 EUCLID AVE, #403  
City-St-Zip: MIAMI BCH., FL 33139

Title: STD      ( ) Delete  
Name: VERITE, JORDI R  
Address: 618 EUCLID AVE, #403  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD      ( ) Delete  
Name: CORO, CARIDAD  
Address: 618 EUCLID AVE #201  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD      (X) Change ( ) Addition  
Name: CORO, CARIDAD  
Address: 618 EUCLID AVE #201  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEATRIZ ABASCAL      P      05/01/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date