

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90028 026 ****70.00

DOCUMENT # 747994

1. Entity Name
BYRON BEACH ASSOCIATION, INC.

Principal Place of Business Mailing Address
8340 HARDING AVE **8340 HARDING AVE**
MIAMI FL 33141 **MIAMI FL 33141**
US **US**

2. Principal Place of Business 3. Mailing Address
8340 Harding Ave **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Miami Beach FL
 Zip Country
33141 **Dade**

City & State
 Zip Country

4. FEI Number Applied For
65-0132112 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NUNEZ, LUZ M
5988 SW 2 ST
MIAMI FL 33141

7. Name and Address of New Registered Agent

Name **LUZ MARY NUNEZ**
 Street Address (P.O. Box Number is Not Acceptable) **8101 Dwyer Ave #405**
 City **Miami Beach** State **FL** Zip Code **33141**

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]* **LUZ MARY NUNEZ** **2/1/02**
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	PD	<input checked="" type="checkbox"/> Delete
NAME	CAPRONI, HUGO	
STREET ADDRESS	8340 HARDING AVE 501	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARMIMI, GIANITELLI	
STREET ADDRESS	8340 HARDING AVE 402	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	ALIA, ANTONIO	
STREET ADDRESS	8340 HARDING AVE 502	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ERLAN, FERIA	
STREET ADDRESS	8340 HARDING AVE 305	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, ALEX	
STREET ADDRESS	8340 HARDING AVE 405	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, ALEX	
STREET ADDRESS	8340 HARDING AVE #405	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caproni Hugo	
STREET ADDRESS	8340 HARDING AVE 501	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garmine Gianitelli	
STREET ADDRESS	8340 HARDING AVE 402	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alia Antonio	
STREET ADDRESS	8340 HARDING AVE 502	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]* **ANTONIO ALIA** **2/1/02** **305 868 8227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)