

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0038338

DOCUMENT # 749556

1. Entity Name

BUILDING OWNERS AND MANAGERS ASSOCIATION OF GREA

01-24-2001 90020 029 ****70.00

Principal Place of Business Mailing Address
 ONE BISCAYNE TOWER ONE BISCAYNE TOWER
 2 SOUTH BISCAYNE BLVD., SUITE 0204 2 SOUTH BISCAYNE BLVD., SUITE 0204
 MIAMI FL 33131 MIAMI FL 33131

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 **59-2596238**

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

~~MAXINE LOPEZ, RPA F
 808 BRICKELL KEY DR
 MIAMI FL 33131~~

John K. Scott (D)
The Hogan Group
701 NW 62 Ave #400
Miami, FL 33126

Name **John K. Scott**
 Street Address (P.O. Box Number is Not Acceptable)
The Hogan Group
701 NW 62 Avenue #400
 City **Miami** FL Zip Code **33126**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **FVPD** ☐ Delete
 NAME **SCOTT, JOHN K**
 STREET ADDRESS **THE HOGAN GROUP 5200 BLUE LAGOON DR. #400**
 CITY-ST-ZIP **MIAMI FL**

TITLE **President (D)** ☒ Change ☐ Addition
 NAME **John K. Scott**
 STREET ADDRESS **The Hogan Group, 701 NW 62 Ave #400**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **S** ☒ Delete
 NAME **GOODRICH, JACK L RPA**
 STREET ADDRESS **9130 S DADELANDE BLVD, #100**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **Vice President (D)** ☐ Change ☒ Addition
 NAME **Edward J. Prelaz**
 STREET ADDRESS **Codina Real Estate, 8323 NW 12 St.**
 CITY-ST-ZIP **Miami, FL 33126**

TITLE **P** ☒ Delete
 NAME **LOPEZ, MAXINE**
 STREET ADDRESS **808 BRICKELL KEY DR**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **Secretary (D)** ☐ Change ☒ Addition
 NAME **Gloria Hernandez**
 STREET ADDRESS **Brickell Equities, 1221 Brickell Ave**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **VPD** ☐ Delete
 NAME **GREENE, MURRAY**
 STREET ADDRESS **100 SE 2ND ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **First Vice President (D)** ☒ Change ☐ Addition
 NAME **Murray Greene**
 STREET ADDRESS **Jones, Lang, Kasalke, 601 Brickell Key Dr.**
 CITY-ST-ZIP **Miami, FL 33131**

TITLE **TD** ☐ Delete
 NAME **DIAZ, LORETTA**
 STREET ADDRESS **2 S BISCAYNE BLVD #200**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)