

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751103

1. Entity Name

**BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90053 048 \*\*\*\*61.25

Principal Place of Business <b>6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141</b>	Mailing Address <b>6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141-3866</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2115109</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ROBERTS MANAGEMENT &amp; REALTY CO., INC 1840 NE 153 STREET MIAMI FL 33162-6044</b>		7. Name and Address of New Registered Agent Name <b>BOSTON PLAZA CONDOMINIUM</b> Street Address (P.O. Box Number is Not Acceptable) <b>6801 INDIAN CREEK DR</b> City <b>MIAMI BEACH</b> FL Zip Code <b>33141</b>	
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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 **EDUARDO ANONO PRESIDENT** **4/30/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: 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 Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERNO, DANIEL 6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDUARDO ANONO 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AGGUIRE, GONZALO 6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LENNY BOBICK 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KISSEL, PHYLLIS 6801 INDIAN CREEK DRIVE, #501 MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RECARDO RAMOS 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, ROSA 6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOLANDO JARGAS 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINKLER, SYLVIA 6801 INDIAN CREEK DRIVE MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATALINO WILES 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREJON, ALEJANDRO 6801 INDIAN CREEK DRIVE #701 MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEJANDRO RODRIGUEZ 6801 INDIAN CREEK DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" 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: **EDUARDO ANONO** **4/30/00** **(305) 866-0607**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)