

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90709 046 ****61.25

DOCUMENT # 751103

1. Entity Name

BOSTON PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6801 INDIAN CREEK DRIVE
 MIAMI BEACH FL 33141

6801 INDIAN CREEK DRIVE
 MIAMI BEACH FL 33141

Miami Management

05291000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33186

Miami Fla



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2115109

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

BOSTON PLAZA CONDOMINIUM
6801 INDIAN CREEK DRIVE
MIAMI FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MACK	
STREET ADDRESS	6801 INDIAN CREEK DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOBICK, LENNY	
STREET ADDRESS	6801 INDIAN CREEK DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMOS, RECAREDO	
STREET ADDRESS	6801 INDIAN CREEK DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARAYA, RAUL	
STREET ADDRESS	6801 INDIAN CREEK AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRABAS, STELLA	
STREET ADDRESS	6801 INDIAN CREEK DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLIVERA, ANGEL	
STREET ADDRESS	6801 INDIAN CREEK DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rafaela Hidalgo	
STREET ADDRESS	6801 Indian Creek Dr	
CITY-ST-ZIP	Miami Beach 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		
TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yolanda Vargas	
STREET ADDRESS	6801 Indian Creek Dr	
CITY-ST-ZIP	Miami Beach 33141	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRABAS, Stella	
STREET ADDRESS	6801 Indian Creek Dr	
CITY-ST-ZIP	Miami Beach 33141	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Rivera Montero	
STREET ADDRESS	6801 Indian Creek Dr	
CITY-ST-ZIP	Miami Beach 33141	

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:

X SIGNATURE REQUIRED

CR2E037 (9/01)