

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90052 013 ****70.00

DOCUMENT # 755549

1. Entity Name

COLLINS PLAZA CONDOMINIUM ASSOC. INC.

Principal Place of Business

Mailing Address

4001 NW 5 ST
 MIAMI FL 33126
 US

P O BOX 440915
 MIAMI FL 33144-0915
 US

2. Principal Place of Business

5988 S.W 2 st

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State

4. FEI Number

59-2389846

Applied For

Not Applicable

Zip
 33144

Country
 DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, LUZMARY
 4001 NW 5 ST
 MIAMI FL 33126

Name
 LUZMARY NUNEZ

Street Address (P.O. Box Number is Not Acceptable)
 5988 S.W 2 ST

City MIAMI FL Zip Code 33144

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

[Handwritten Signature]

LUZMARY NUNEZ

4/30/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, MARIA C 1334 COLLINS AVE MIAMI BCH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHANER, EMMA 1334 COLLINS AVE, STE 304 MIAMI BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELASCO, SIQUES A 1334 COLLINS AVE, STE 604 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RILFA, ANTONIO 1334 COLLINS AVE. 501 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMIER, RUDY 1334 COLLINS AVE MIAMI BCH FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAVER, E 1334 COLLINS AVE MIAMI BCH FL 33139	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANER, EMMA 1334 COLLINS AVE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RILFA ANTONIO 1334 COLLINS AVE 501 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELASCO Ana 1334 COLLINS AVE # 604 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NILDA SARLABOUR 1334 COLLINS AVE # 201 MIAMI BEACH FL 33	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

[Handwritten Signature] REQUIRE EMMA Shaner 4/30/00

Date

Daytime Phone #

305 865 8718

CR2E037 (9/99)