## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 761538 1. Entity Name

## INTERAMERICAS INDUSTRIAL PLAZA CONDOMINIUM ASSOC

Principal Place of Busi	ness	Mailing Address						
C/O UNIVERSAL REALT 3850 HOLLYWOOD BLV HOLLYWOOD FL 33021	TY MANGAEMENT CROP. D., Suite #400	C/O UNIVERSAL REALTY MANGAEMENT CROP. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD FL 33021-6746						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

## **FILED** Apr 28, 2000 8:00 am Secretary of State

04-28-2000 90080 015 \*\*\*\*61.25

C/O UNIVERSA 3850 HOLLYWO HOLLYWOOD I	OOD BLVD	IANGAEMENT CROP. SUITE #400	C/O UNIVERSAL REALTY MANGAEMENT CROP. 3850 HOLLYWOOD BLVD SUITE #400 HOLLYWOOD FL 33021-6746					<b>ic</b> ) <b>c</b> ilor (1111 (1111	EJEJI PIST	1 81811 B1811 B18	)) #( <b>8</b> () ( <b>88</b> )	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO	NOT WRITE IN	N THIS S	PACE		
City & State			City & State			4. FEI N					plied For t Applicable	
Zip		Country	Zip	Cour	ntry	5. Certif	5. Certificate of Status Desired   \$8.75 Addition Fee Required					
·	6. Name	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent							
and the second property of the second				<u>-</u>	_Name							
CONFELD, JEFFERY D. 3850 HOLLYWOOD BLVD., SUITE #400					Street Address (P.O. Box Number is Not Acceptable)							
HOLLYWOOD FL 33021				<u> </u>	City				FL	Zip Code	9	
8. The above	<u> </u>	y submits this statement for		<u>-</u>	<u></u>	registered agent, (		tate of Florida	DATE		·	
	<del></del>											
FILE NOW: FEE IS \$61.25			Election Campaign Financing     Trust Fund Contribution.		g $\square$	\$5.00 May Be Added to Fees						
10.		OFFICERS AND DIRE	CTORS	11.			CHANGES TO	OFFICERS A	AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3850 HOL	.D, JEFFERY D. LYWOOD BLVD #400 DOD FL 33021	☐ Delete	TITLE NAME STREE CITY-	T ADDRESS	P Hugo Ocho 5220 NW 7 Miami, F1	2nd Ave	#7		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MACDOU 5220 NW	Gall, Stephen 72 ave. #38	☐ Delete	TITLE NAME STREE CITY-	T ADDRESS	VP Stephen M 5220 NW 7 Miami, F1		111 #34		X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVA, MILTON 5220 NW 72 AVE #27			10	ı	-ST	ter Chirdaris 20 NW 72nd Ave #22					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-:	T ADORESS ST-ZIP	D Anthony M 5220 NW 7 Miami, F1	2nd Ave	#13		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS ST-ZIP	D Victoria 5220 NW 7 Miami, F1	2nd Ave	#34		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	D Jacquelin 5220 NW 7 Miami, Fl	e Brubak 2nd Ave	#25 		☐ Change	X Addition	

t 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 receive for trustee empowers for 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 that address, with a property of the property of the same powered.

SIGNATURE:

RECJeffrey D. Cornfeld SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(954)989-2200

Daytime Phone #