


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 021 ****61.25

20036180



DOCUMENT # 761538					
1. Entity Name INTERAMERICAS INDUSTRIAL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
C/O UNIVERSAL REALTY MANGAEMENT CROP. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD, FL 33021		C/O UNIVERSAL REALTY MANGAEMENT CROP. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD, FL 33021			
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 59-2214786	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONFELD, JEFFERY D. 3850 HOLLYWOOD BLVD., SUITE #400 HOLLYWOOD, FL 33021			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNFELD, JEFFERY D.		NAME		
STREET ADDRESS	3850 HOLLYWOOD BLVD #400		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, STEPHEN		NAME		
STREET ADDRESS	5220 NW 72 AVENUE #34		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCHOA, HUGO		NAME		
STREET ADDRESS	5220 NW 72 AVENUE #7		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, MILTON		NAME	George Chirdaris	
STREET ADDRESS	5220 NW 72 AVE. #27		STREET ADDRESS	5220 NW 72 Ave #22	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVEREZ, ANDRES		NAME	Anthony Musumeci	
STREET ADDRESS	5220 NW 72 AVE. #7		STREET ADDRESS	5220 NW 72 Ave #4	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBAKER, JACQUELINE		NAME	Manuel Quinones	
STREET ADDRESS	5220 NW 72 AVE. #25,26		STREET ADDRESS	5220 NW 72 Ave # 29	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL	
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: _____			4/12/05 (954) 989-2200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffrey D. Cornfeld			Date Daytime Phone #		