

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008235

1. Entity Name

BISCAYNE PLAZA RESIDENT COUNCIL, INC.

Principal Place of Business

15201 SW 288TH STREET
MIAMI FL 33033

Mailing Address

15201 SW 288TH STREET
MIAMI FL 33033

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0622611

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, DON
15201 SW 288TH STREET
MIAMI, FL 33033

7. Name and Address of New Registered Agent

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/02

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

TITLE PD
NAME MOORE, DON
STREET ADDRESS 15201 SW 288TH STREET #46
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE VPD
NAME ELLIN, GLADYS
STREET ADDRESS 15201 SW 288TH ST #114
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE SD
NAME SEPULVEDA, ESTEBAN
STREET ADDRESS 15201 SW 288TH STREET #205
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE TD
NAME VAZQUEZ, GLADYS
STREET ADDRESS 15201 SW 288TH STREET #310
CITY-ST-ZIP MIAMI FL 33033 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02

Date

305-757-3011

Daytime Phone #

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90084 032 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)