

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90213 017 \*\*\*\*61.25

**DOCUMENT # N01000003204**

1. Entity Name

**BAY HARBOR 101 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**1099 WATERBROOK LAKE  
WESTON FL 33326**

Mailing Address

**1099 WATERBROOK LAKE  
WESTON FL 33326**

2. Principal Place of Business

**1101 101 STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BAY HARBOR ISLANDS**

City & State

Zip

Country

**33154**

**USA**

Zip

Country

4. FEI Number

**09-3651106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z  
7270 N.W. 12TH STREET, PH-1  
MIAMI FL 33126**

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 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CRUZ, RICARDO  
1099 WATERBROOK LAKE  
WESTON FL 33326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
CRUZ, ALEJANDRO  
1099 WATERBROOK LAKE  
WESTON FL 33326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
URIBE, ADELAIDA  
1099 WATERBROOK LAKE  
WESTON FL 33326** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ 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:

**SIGNATURE OF PRESIDENT 04/29/02 954-3494454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)