

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90113 032 ****61.25

DOCUMENT # NO1000003708

1. Entity Name

**ISLAND PLACE AT BAY HARBOR CONDOMINIUM ASSOCIATI
 ON, INC.**

Principal Place of Business

Mailing Address

9721 E BAY HARBOR DR
 BAY HARBOR ISLANDS FL 33154

9721 E BAY HARBOR DR
 BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

3. Mailing Address

P.O. Box 65-3039

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

applied for

Applied For

Not Applicable

Zip

Country

Zip

Country

33265 Miami-Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ZARETSKY, LOUIS D ESQ
 555 NE 15TH ST STE #100
 MIAMI FL 33132~~

**JR Gonzalez & Associates
 11936 SW 8th St.
 Miami, FL 33184**

Name

JR Gonzalez & Associates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

11936 SW 8th St.

City

Miami

FL

Zip Code

33184

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

1/30/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	POYASTRO, MIGUEL	
STREET ADDRESS	9721 E BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HERRAN, EMILIANO	
STREET ADDRESS	9721 E BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VALDEZ, ANGEL	
STREET ADDRESS	9721 E BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)