

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90093 049 ****61.25

DOCUMENT # N08723

1. Entity Name

BISCAYNE PLAZA MERCHANTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7331 CORAL WAY, SUITE 250
MIAMI FL 33155-8402

7331 CORAL WAY, SUITE 250
MIAMI FL 33155-1495

A0014952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2558654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NASH, MARTIN P
7331 CORAL WAY, SUITE 250
MIAMI FL 33155

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 **D** ☒ Delete
NAME **GUZMAN, MAYRA**
STREET ADDRESS **561 NE 79TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **DST** ☐ Delete
NAME **NASH, MARTIN P.**
STREET ADDRESS **7331 CORAL WAY #250**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **PD** ☐ Delete
NAME **PERALTA, RAPHAEL**
STREET ADDRESS **8010 NE 5TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ **SHERRI RIVERA**
NAME **561 NE 79 ST**
STREET ADDRESS **MIAMI FL 33138**
CITY-ST-ZIP

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

TITLE ☐ Change ☐
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STREET ADDRESS
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with other like empowerment.

SIGNATURE: **X**

SIGNATURE REQUIRED

Date

Daytime Phone #

305-262-1901