DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21284

600

1. Entity Name

SHOWPLACE ONE CONDOMINIUM ASSOCIATION, INC.

3550 BISCAYNE B	tVD
SUITE-601-	
1414481 FL 00407	

Principal Place of Business

Mailing Address

3550 BISCAYNE BLVD SUITE -001~ MIAMI FL 33137

MIMIC

33166

2.	8C	pa P 1 5 (N esc	
	Suite,	Apt.	#.	etc.	

SU 17E City & State

MIAM

Zip

Business STREET

Country

3. Mailing Address 8051 NW36 Suite, Apt. #, etc.

SULTE City & State

FC Country

USA

Name

(NOTE: Registered Agent signature required when reinstating)

STREET

4. FEI Number

65-0209439

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

33166 USA 6. Name and Address of Current Registered Agent

LAW, IAN 3550 BISCAYNE BLVD-

SUME 601 **MIAMI FL 33137** 7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Wet Acceptable)

SUITE 600

MIAMIC

Zip Code 66 331

ent for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named entity submits this states

9. Election Campaign Financing

Trust Fund Contribution.

SIGNATURE

FILE NOW:

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State**

FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD ☐ Addition TITLE Delete 49 IAN LAW NAME LAW, IAN NAME 8051 NW 36 TCST. # 600 STREET ADDRESS 3550 BISCAYNE BLVD., SUITE 601 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PL 33188 **MIAMI FL 33137 TSD** Addition TITLE ☐ Delete TITLE Change : BLMYA-LAW, GRACIELA BLAYA-LAW, GRACIELA NAME NAME STREET ADDRESS 3550 BISCAYNE BLVD., SUITE 601 STREET ADDRESS 8051 NG 367 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI PC 33:66 MIAMI FL 33137 TITLE TITLE Change Addition Delete COSTA, MARCELA NAME NAME STREET ADDRESS 4844 NW 94 DORAL PL STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Delete Addition MONIQUE LAW
8051 NW 3(TST , # 600 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 enhancement 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 ad-