

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50486

1. Entity Name

FRIENDS OF BAYFRONT PARK, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90098 028 ****70.00

Principal Place of Business

Mailing Address

301 N. BISCAYNE BLVD.
MIAMI FL 33132

301 N. BISCAYNE BLVD.
MIAMI FL 33132-2226

2. Principal Place of Business

301 N. BISCAYNE BLVD.

3. Mailing Address

301 N. BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

65-0375049

Applied For

Not Applicable

Zip

33132

Country

U.S.A.

Zip

33132

Country

U.S.A.

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, IRA MARC
301 N. BISCAYNE BLVD.
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

IRA MARC KATZ

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

10362 PANAMA STREET

MIAMI, FL 33133

City

MIAMI

FL

Zip Code
33026

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)

01/06/00

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 PLUMMER, J.L. JR.
STREET ADDRESS 3500 PAN AMERICAN DR
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ Delete
NAME HILLS, TINA
STREET ADDRESS 4450 BANYAN LANE
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Delete
NAME KATZ, IRA M
STREET ADDRESS 301 N. BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33132

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 ☐ Addition
NAME COMM: JOE SANCHEZ
STREET ADDRESS 3500 PAN AMERICAN DR.
CITY-ST-ZIP MIAMI, FL 33133

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

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

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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 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

01/06/00

Date

305-358-7550

Daytime Phone #