

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/0

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-02-2001 90035 036 ****61.25

DOCUMENT # N96000002726

1. Entity Name
PARC PLAZA SOUTH BEACH CONDOMINIUM ASSOCIATION,

Principal Place of Business Mailing Address
 1775 WASHINGTON AVENUE 1775 WASHINGTON AVENUE
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0705280** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKER & POLIAKOFF
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name **SKRLO, Inc.**
BY HELIO DE LA TORRE ESQ, Pres.
 Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA CIRCLE #1102
 City **CORAL GABLES** FL Zip Code **33134**

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 **BY Helio De La Torre V.P.** DATE **2/26/01**
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP MOTTOLA, NICHOLAS 1775 WASHINGTON AVE. #14E MIAMI BEACH FL 33139 <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NICHOLAS MOTTOLA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAVELLO, MOISE 1775 WASHINGTON AVE #9E MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH ROMAN (D) 1775 WASHINGTON AVE #12 B MIAMI BEACH-FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANUEL, MELANIE 1775 WASHINGTON AVE 3 C MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARVEY BURSTEIN (D) 1775 WASHINGTON AVE PH-2 MIAMI BEACH-FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEINHOLD, RICHARD 1775 WASHINGTON AVE 4G MIAMI BEACH FL 33139 <input type="checkbox"/> Delete (D)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD MEINHOLD 1775 WASHINGTON AVE 4G MIAMI BEACH-FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RONALD PAULSEN (D) 1775 WASHINGTON AVE #9C MIAMI BEACH-FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **(D) N. Mottola** Date **(D) 2/14/01** Daytime Phone # **(305) 538-8800**

CR2E037 (10/00)