

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90372 044 ****61.25

DOCUMENT # N96000002726

1. Entity Name

PARC PLAZA SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1775 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

**1775 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0705280

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD INC
 HELIO DE LA TORRE ESQ PRES
 201 ALHAMBRA CIRCLE #1102
 CORAL GABLES FL 33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOTOLA, NICHOLAS	
STREET ADDRESS	1775 WASHINGTON AVE. #14E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROMAN, JOSEPH	
STREET ADDRESS	1775 WASHINGTON AVE #12B	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	BURSTEIN, HARVEY	
STREET ADDRESS	1775 WASHINGTON AVE PH-2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEINHOLD, RICHARD	
STREET ADDRESS	1775 WASHINGTON AVE 4G	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAULSEN, RONALD	
STREET ADDRESS	1775 WASHINGTON AVENUE #7E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paola De Angeli	
STREET ADDRESS	1775 Washington Ave. #10E	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Rodriguez	
STREET ADDRESS	1775 Washington Ave #10F	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meredith Ingram	
STREET ADDRESS	1775 Washington Ave. #14C	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnie Carlson	
STREET ADDRESS	1775 Washington Ave #6C	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paulsen, Ronald	
STREET ADDRESS	1775 Washington Ave. #7E	
CITY-ST-ZIP		
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: *Richard Meinhold*

3/25/02 786 388-0257

CP2E037 (9/01)