

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-30-2003 90137 023 ****61.25

DOCUMENT # N96000002726

1. Entity Name
PARC PLAZA SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1775 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**1775 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

55009490



CHECK HERE IF MAKING CHANGES

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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title 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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	V DE ANGELI, PAOLA	<input type="checkbox"/> Delete
STREET ADDRESS	1775 WASHINGTON AVE # 10 E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	S RODRIGUEZ, MARIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1775 WASHINGTON AVE # 10 F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	Y INGRAM, MEREDITH	<input type="checkbox"/> Delete
STREET ADDRESS	1775 WASHINGTON AVE # 14 C	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	D CARLSON, DONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	1775 WASHINGTON AVE # 6 C	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	PD PAULSEN, RONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1775 WASHINGTON AVE # 7E	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Donnie Carlson	
CITY-ST-ZIP		
TITLE NAME	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Marcos Guildano	
CITY-ST-ZIP	1775 Washington Ave 10C	
TITLE NAME	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Juan Duarte	
CITY-ST-ZIP	1775 Washington Ave # 7D	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**

23 Jan 2003 / 305-538-8850
Date Obyrne Phone #

CR2E037 (10/02)