

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90207 017 ****61.25

DOCUMENT # **728144**



1. Entity Name
BAY PARK TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**3301 N.E. 5TH AVENUE
MIAMI-FL 33137**

Mailing Address
**3301 N.E. 5TH AVENUE
MIAMI-FL 33137**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1603811**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BECKER & POLIAKOFF, P.A.
% ROSA DE LA CAMARA
5201 BLUE LAGOON DR- STE 100
MIAMI FL 33126**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, TERESITA	
STREET ADDRESS	3301 N E 5TH AVE # 110	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDEN, RANDY C	
STREET ADDRESS	4220 PALM LANE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINEZ, DIEGO	
STREET ADDRESS	3301 N.E. 5 AVE., #713	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, MIRIAM	
STREET ADDRESS	3301 N E 5TH AVE # 511	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANTELLANO, MARIA	
STREET ADDRESS	3301 N E 5TH AVE # 418	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, BARBARA	
STREET ADDRESS	3301 NE 5th AVE # 901	
CITY-ST-ZIP	MIAMI, FL. 33137	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, RANDY C.	
STREET ADDRESS	4220 PALM LANE	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, DIEGO	
STREET ADDRESS	3301 NE 5th AVE # 713	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFFER, CRAIG	
STREET ADDRESS	1780 CHUCUNANTAH ROAD.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DI ROCCO, MARIE	
STREET ADDRESS	3301 NE 5th AVE # PH11	
CITY-ST-ZIP	MIAMI FL. 33137	
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: SIGNATURE REQUIRED Date: 2/3/03 Daytime Phone #: (305) 573-5404

CR2E037 (10/02)