

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

0041109

DOCUMENT # 711348

1. Entity Name

NORTH BAY WHITE HOUSE ASSOCIATION NO. 4, INC.

05-07-2001 90019 030 ****61.25

Principal Place of Business

1770 79TH ST CSWY APT 312
 N BAY VIL FL 33141

Mailing Address

C/O PMS
 8299 CORAL WAY
 MIAMI FL 33141
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OILL, MINNIE
 1770 79TH ST. CSWY
 N. BAY VILLAGE FL 33141

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD OILL, MINNIE	1770 79TH ST CSWY	N BAY VILLAGE FL				
	STD GIORELLE, ROBERT	1770 KENNEDY CAUSEWAY, #305	N BAY VILLAGE FL		VPD Gil, Pedro	1770 Kennedy Causeway Apt D305	N. Bay Village, FL 33141
	VD KAZANOFF, STANLEY	1770 KENNEDY CAUSEWAY, #106	N BAY VILLAGE FL		S/TID Restrepo, Jonathan	1770 Kennedy Causeway Apt 308	N. Bay Village, FL 33141

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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

Daytime Phone #

CR2E037 (10/00)