## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # 719326 1. Entity Name BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC. 02-01-2000 90036 025 \*\*\*\*61.25 Mailing Address Principal Place of Business 5300 WASHINGTON ST 5300 WASHINGTON ST **APT 0-129** APT 0-129 UUULLUAU HOLLYWOOD FL 33021-7732 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address SA ME 54me Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 0-230 APT APT Applied For 4. FEI Number City & State City & State SAME 59-2380656 SAME Not Applicable \$8.75 Additional 5. Certificate of Status Desired SAME Same SAME Fee Required SAME 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEGUIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 5300 WASHING TON รโ FESTINO, ANGELA T 5300-WASHINGTON:ST APT 0-230 **APT 0-124** Zip Code 2 J HOLLYWOOD HOLLYWOOD FL 33021 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 SEGUIH TREASURER ROBERT SIGNATURE typed or printed name of registered sent and title if applicable Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition TITLE ☐ Change PD TITLE COPPETO SUSAN NAME CHISENA, GERTRUDE NAME 5300 WAJHINGTON STREET ADDRESS 5300 WASHINGTON ST 0-129 STREET ADDRESS 33021 HOLLYWOOD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Delete Addition Change TITLE VPD HISENA, GERTEUDE TITLE TE MOTPHINEAU OPEZ NAME 0-129 SMITH, VIOLET F NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON ST 0-128 33021 HOLLY WOOD FL CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete ☐ Change TITLE VPD TITLE NAME FESTINO, ANGELA T NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON STREET, APT 0-124 CITY-ST-ZIP CITY-ST-ZIP <u>HOLLYWOOD FL</u> Change Addition ☐ Delete TITI F TITLE TD NAME SEGUIN, ROBERT NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON STREET, APT 0-230 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Change TITLE TITLE ☐ Delete CABERIA, SERAFINO NAME NAME STREET ADDRESS STREET ADDRESS 5300 WASHINGTON STREET; APT P-231 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SESIRIZ OBERT SEGUM

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: