

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90072 045 ****61.25

C 33143

DOCUMENT # 719326

1. Entity Name

BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.

Principal Place of Business

Mailing Address

5300 WASHINGTON ST
 APT 0-230
 HOLLYWOOD FL 33021
 US

5300 WASHINGTON ST
 APT 0-230
 HOLLYWOOD FL 33021
 US

00064000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5300 WASHINGTON ST.

5300 WASHINGTON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P-335

P-335

City & State

City & State

Hollywood FL.

Hollywood FL.

4. FEI Number

59-2380656

Applied For

Not Applicable.

Zip

Country

Zip

Country

33021

U.S.

33021

U.S.

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

SEGUIN, ROBERT
 5300 WASHINGTON ST
 APT 0-230
 HOLLYWOOD FL 33021

Name **PAUL CRESS.**

Street Address (P.O. Box Number is Not Acceptable)

5300 WASHINGTON ST.

P-335

City **HOLLYWOOD**

FL

Zip Code

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.

SIGNATURE

PAUL CRESS.

Paul Cress

3/21/01

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	<input type="checkbox"/> Delete
PD	COPPELO, SUSAN	5300 WASHINGTON ST P-138	HOLLYWOOD FL 33021	<input type="checkbox"/>
VPD	CHISENA, GERTRUDE	5300 WASHINGTON ST 0-129	HOLLYWOOD FL 33021	<input type="checkbox"/>
VPD	FESTINO, ANGELA T	5300 WASHINGTON STREET, APT 0-124	HOLLYWOOD FL	<input type="checkbox"/>
TD	SEGUIN, ROBERT	5300 WASHINGTON STREET, APT 0-230	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
S	CABERIA, SERAFINO	5300 WASHINGTON STREET, APT P-231	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
TD.	CRESS PAUL	5300 WASHINGTON ST. P-335	HOLLYWOOD FL. 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	COBIEN GERTA	5300 WASHINGTON ST. P-133	Hollywood FL. 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: **PAUL CRESS**

3/21/01

(954) 961-9862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)