

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90056 040 ****61.25

DOCUMENT # 719326

1. Entity Name

BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.

Principal Place of Business

Mailing Address

5300 WASHINGTON ST
 P-335
 HOLLYWOOD FL 33021
 US

5300 WASHINGTON ST
 P-335
 HOLLYWOOD FL 33021
 US

00010014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2380656

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

CRESS, PAUL
5300 WASHINGTON ST
P0335
HOLLYWOOD FL 33021

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	PD	<input type="checkbox"/> Delete
NAME	COPPELO, SUSAN	
STREET ADDRESS	5300 WASHINGTON ST P-138	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHISENA, GERTRUDE	
STREET ADDRESS	5300 WASHINGTON ST 0-129	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FESTINO, ANGELA T	
STREET ADDRESS	5300 WASHINGTON STREET, APT 0-124	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRESS, PAUL	
STREET ADDRESS	5300 WASHINGTON ST P-335	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	S	<input type="checkbox"/> Delete
NAME	COBIEN, GERTA	
STREET ADDRESS	5300 WASHINGTON ST P-133	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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

1/12/02 (954) 961-9862

CR2E037 (9/01)