

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90677 033 \*\*\*\*61.25

**DOCUMENT # 719326**

1. Entity Name  
**BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.**



Principal Place of Business  
**5300 WASHINGTON ST  
P-335  
HOLLYWOOD FL 33021  
US**

Mailing Address  
**5300 WASHINGTON ST  
P-335  
HOLLYWOOD FL 33021  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

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

**CRESS, PAUL  
5300 WASHINGTON ST  
P-335  
HOLLYWOOD FL 33021**

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 \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>COPPELO, SUSAN</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST P-138</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>CHISENA, GERTRUDE</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST. 0-129</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>FESTINO, ANGELA T</b>	
STREET ADDRESS	<b>5300 WASHINGTON STREET, APT 0-124</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>CRESS, PAUL</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST P-335</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>COBIEN, GERTA</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST P-133</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
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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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: Paul Cress REQUIRE PAUL CRESS 1/10/03 (954) 961-9862

CR2E037 (10/02)