

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90293 023 \*\*\*\*70.00

**DOCUMENT # 723241**

1. Entity Name

**BEVERLY HILLS CONDOMINIUM NUMBER TWELVE, INC.**

Principal Place of Business

Mailing Address

5300 WASHINGTON ST  
 V 511  
 HOLLYWOOD FL 33021  
 US

5300 WASHINGTON ST  
 V 511  
 HOLLYWOOD FL 33021-7750  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2391837**

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

**FERONE, MICHAEL**  
**5300 WASHINGTON ST.**  
**V-511**  
**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

*Michael Ferone*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FERONE, MICHAEL</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST, V511</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ROTH, IRVING</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST., U102</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FILIPPINI, MARIE</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST APT W415</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHKIN, DOROTHY</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST U205</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ALTIERI, M</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST APT U-101</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>SDP</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, D</b>	
STREET ADDRESS	<b>5300 WASHINGTON ST APT V409</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	

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

*D. SIG THOMPSON*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/2000*  
 Date

*954-894-2418*  
 Daytime Phone #



DO NOT WRITE IN THIS SPACE

H0001400

CH 017 (01/00)