

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90110 033 ****70.00

DOCUMENT # 723241

1. Entity Name

BEVERLY HILLS CONDOMINIUM NUMBER TWELVE, INC.

Principal Place of Business

Mailing Address

5300 WASHINGTON ST
 U- 101
 HOLLYWOOD FL 33021
 US

5300 WASHINGTON ST
 U- 101
 HOLLYWOOD FL 33021
 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.
APT U-101
HOLLYWOOD FL 33021

Name

Margaret Altieri

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

5300 Washington St. Apt. # U-101

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

Margaret Altieri
Margaret Altieri, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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	P	<input type="checkbox"/> Delete
NAME	DESIATO, MICHAEL P	
STREET ADDRESS	5300 WASHINGTON STREET APT. U 406	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTH, IRVING	
STREET ADDRESS	5300 WASHINGTON ST., U102	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LALLY, JAMES	
STREET ADDRESS	5300 WASHINGTON STREET APT W 515	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	FILIPPINI, MARIE	
STREET ADDRESS	5300 WASHINGTON ST. APT W 415	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALTIERI, M	
STREET ADDRESS	5300 WASHINGTON ST APT U-101	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SDP	<input type="checkbox"/> Delete
NAME	THOMPSON, D	
STREET ADDRESS	5300 WASHINGTON ST APT V409	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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		
CITY-ST-ZIP		
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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:

Dachia Thompson
Dachia Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/24/02 *954-894-2418*

Date

Phone Number

CR2E037 (9/01)