

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90105 003 ****70.00

DOCUMENT # 723241

1. Entity Name
BEVERLY HILLS CONDOMINIUM NUMBER TWELVE, INC.



Principal Place of Business
**5300 WASHINGTON ST
U- 101
HOLLYWOOD FL 33021
US**

Mailing Address
**5300 WASHINGTON ST
U- 101
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 **59-2391837**
New # **59-652-6069**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALTIERI, MARGARET
5300 WASHINGTON ST.
APT U-101
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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	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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINO, MARIANO	
STREET ADDRESS	5300 Washington Street Apt. U-305	
CITY-ST-ZIP	Hollywood, Fl 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *DAN SIGNATURE*, Secretary **4/21/03**

CR2E037 (10/02)