

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 735308** *Amended*

1. Entity Name  
Golden West Condominium Association, INC

Principal Place of Business: 1345 West Ave, Miami Beach, FL 33139  
Mailing Address: 275 Fontainebleau Blvd #200, Miami FL 33172

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

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DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1746371 Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent: Alvarez Nestor, 3971 S.W. 8 ST #209, Coral Gables FL 33134

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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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 NAME: Argos, Benita STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Kirkland Corrine STREET ADDRESS: 1345 West Ave #701 CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DS NAME: Barnhart, Terry STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: Bagdasian, John STREET ADDRESS: 1345 West Ave # PH CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Grayson, Paula STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Levine, Susana STREET ADDRESS: 1345 West Ave #604 CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DT NAME: Balzola, John STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Marchetti, Francesco STREET ADDRESS: 1345 West Ave #401 CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Norberto, KROZ1 STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Hados, Nicholas STREET ADDRESS: 1345 West Ave # 1002 CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: Hados, Nicholas STREET ADDRESS: 275 Fontainebleau Blvd #200 CITY-ST-ZIP: MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Montes de Oca, Eric STREET ADDRESS: 1345 West Ave # 202 CITY-ST-ZIP: MIAMI, BEACH FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (11/00)

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: *Nicholas Hados* NICHOLAS HADOS, DIRECTOR 12-5-01 305 505-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #