

06-03-2002 91196 006 \*\*\*\*61.25

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

**DOCUMENT #** N02720 ✓  
 1. Entity Name  
**Pelican Reef West Condominium Association, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1638 S Bayshore Ct</b>		3. Mailing Address <i>c/o</i> <b>The Continental Group</b>		4. FEI Number <b>592428797</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>12079 SW 131 Ave</b>		DO NOT WRITE IN THIS SPACE		Not Applicable
City & State <b>Coconut Grove, FL</b>		City & State <b>Miami, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip <b>33133</b>	Country	Zip <b>33186</b>	Country <b>USA</b>			

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Goodman-Guenther, Joyce Esq**

Street Address (P.O. Box Number is Not Acceptable)  
**10723 SW 104 ST**

City  
**Miami** **FL** Zip Code  
**33186**

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 **Joyce Goodman-Guenther, Esq** DATE **05/28/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
 Initial or Amended UBR

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			
TITLE <b>P</b>	NAME <b>Ben Kalstone</b>	TITLE	
STREET ADDRESS <b>1638 S Bayshore Ct. #203</b>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <b>Coconut Grove, FL 33133</b>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <b>T</b>	NAME <b>Harold E. Kendall</b>	TITLE	
STREET ADDRESS <b>1638 S Bayshore Ct. #501</b>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <b>Coconut Grove, FL 33133</b>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>Ian Hinke</b>	TITLE	
STREET ADDRESS <b>1638 S Bayshore Ct. #201</b>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <b>Coconut Grove, FL 33133</b>	CITY-ST-ZIP	CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE <b>D</b>	NAME <b>Arie Manhaym</b>	TITLE	
STREET ADDRESS <b>1638 S Bayshore Ct. #103</b>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <b>Coconut Grove, FL 33133</b>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>Jorge Bassuk</b>	TITLE	
STREET ADDRESS <b>1638 S. Bayshore Ct. #600</b>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <b>Coconut Grove, FL 33133</b>	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>Ernesto Hernandez</b>	TITLE	
STREET ADDRESS <b>1638 S. Bayshore Ct. #502</b>	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP <b>Coconut Grove, FL 33133</b>	CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ben Kalstone** Date **5-30-02** Daytime Phone # **305 775 9545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)