

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

05-13-2002 90158 021 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13783 ✓

1. **Entity Name**
Parkside of Fontainebleau Condo-minium Association

Principal Place of Business **Mailing Address**
9140 Fontainebleau Blvd # 102 Miami Fl. 33172 *275 Fontainebleau Blvd # 140 Miami, Fl. 33172*

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**
56-162341

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. **Name and Address of Current Registered Agent**
Pique, Sylvia
275 Fontainebleau Blvd # 140
Miami, Fl. 33172

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 _____ **DATE** _____

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

FILE NOW!
SEE 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**

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

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Varner, Charles</i> <i>9110 Fontainebleau Blvd # 402</i> <i>Miami Fl. 33172</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Lopez-Ora, Carlos</i> <i>9150 Fontainebleau Blvd # 108</i> <i>Miami Fl. 33172</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Jones, Lois - Jane</i> <i>9150 Fontainebleau Blvd # 310</i> <i>Miami Fl. 33172</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>Broz, Mercedes</i> <i>9140 Fontainebleau Blvd # 201</i> <i>Miami Fl. 33172</i>	
TITLE 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 the 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 information.

SIGNATURE: _____ **Date** *4/25/02* **Reverse Phone #** *305-207-2343*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)