

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90132 021 ****70.00

DOCUMENT # N19990

1. Entity Name

PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**300 SOUTH POINT DRIVE
 L-2
 MIAMI BCH FL 33139
 US**

**300 SOUTH POINT DRIVE
 L-2
 MIAMI BCH FL 33139
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0038651

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVID B. HABER, Esq.
 PERTNOY, SOLOWSKY, ALLEN & HABER, P.A.
 150 WEST FLAGLER STREET
 MIAMI FL 33130**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	☐ Delete
NAME	COVIAN, JUAN	
STREET ADDRESS	300 S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	☒ Delete
NAME	CARSON, JERRY	
STREET ADDRESS	300 SOUTH POINT DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	☒ Delete
NAME	ASSELIN, PIERAB	
STREET ADDRESS	400 S. POINTE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	☒ Delete
NAME	TASCA, RICHARD	
STREET ADDRESS	300 S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	BMD	☐ Delete
NAME	LENNON, JOHN	
STREET ADDRESS	300 S POINTE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	Jerry Blair	
STREET ADDRESS	300 South Pointe Dr., #3103	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	VPD	☐ Change ☒ Addition
NAME	Timothy Goodale	
STREET ADDRESS	400 South Pointe Dr., #2201	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	SD	☐ Change ☒ Addition
NAME	John Lennon	
STREET ADDRESS	300 South Pointe Dr., #506	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	TD	☒ Change ☐ Addition
NAME	Juan Covian	
STREET ADDRESS	300 South Pointe Dr., #2204	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	BMD	☒ Change ☐ Addition
NAME	Edwin Bliss	
STREET ADDRESS	400 South Pointe Dr., #2202	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		☐ Change ☐ 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:

SIGNATURE REQUIRED

3/19/02 305-674-0582

Date

Daytime Phone #

CR2E037 (9/01)