

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001352

1. Entity Name

WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, IN

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90080 018 ****61.25

Principal Place of Business

Mailing Address

16701 COLLINS AVE.
 MIAMI BEACH FL 33160

3850 HOLLYWOOD BLVD
 SUITE 400
 HOLLYWOOD FL 33021-6746
 US

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

65-0490691

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

7. Name and Address of New Registered Agent

CORNFELD, ROBERT M
3850 HOLLYWOOD BLVD., STE 400
HOLLYWOOD FL 33021

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 Delete
 NAME **DP CORNFELD, ROBERT M**
 STREET ADDRESS **3850 HOLLYWOOD BLVD., SUITE 400**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DST SHEPHERD, JOHN**
 STREET ADDRESS **16701 COLLINS AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP CORNFELD, JEFFREY D**
 STREET ADDRESS **3850 HOLLYWOOD BLVD., SUITE 400**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SIEGEL, DAVID**
 STREET ADDRESS **5601 WINDHOVER DR.**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Robert M. Cornfeld* **Robert M. Cornfeld** 4/10/00 (954) 989-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)