

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000001320**

1. Entity Name

**OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**335 OCEAN DR.  
MIAMI BEACH FL 33139**~~335 OCEAN DR.~~  
~~MIAMI BEACH FL 33139~~  
*1900 NW 155 ST. Ste 205  
Miami Lakes FL 33016*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRS MANAGEMENT OF BROWARD INC  
4431 SW 64TH AVE #113  
DAVIE FL 33314**~~Barry Blaxberg~~ **GRAYSON KUKOFF & SEGAL, PA**  
Street Address (P.O. Box Number Not Acceptable)  
*Suite 730 Ivesham Bldg.*  
*25 SE 2nd Ave.*  
City *MIAMI* FL Zip Code *33131-1506*

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 Agents 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<b>PD</b>	<b>CALIXTO, ENRIQUE</b>	<b>335 OCEAN DR APT #208 MIAMI FL 33139</b>				
	<b>STD</b>	<b>MIKO, THEODORE</b>	<b>335 OCEAN DR APT #131 MIAMI FL 33139</b>				
	<b>VPO</b>	<b>MAXWELL, EDNA</b>	<b>335 OCEAN DR APT #201 MIAMI FL 33139</b>		<i>Stacy</i>	<i>335 Ocean Dr. Apt 319</i>	<i>MIAMI Bch. FL 33139</i>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 DEC 11 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

OCEAN WALK ON SOUTH BEACH CONDOMINIUM ASSOCIATION, INC.  
C/O GRS MANAGEMENT OF BROWARD, INC.  
7900 N.W. 155<sup>TH</sup> STREET SUITE 205  
MIAMI LAKES, FLORIDA 33016

December 6, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Re: Document # N96000001320

I am writing to you requesting the waiving of the reinstatement fee for the following reasons:

The original form was submitted with a check and the check was cashed on May 21, 2002. (copies of both attached).

When I called and questioned the reinstatement form I was told the original was rejected and a notice was sent in June, however, the notice was sent to the building and I never received. The only reason I received the reinstatement notice is that one of the board members was in the lobby when the mail was delivered. We do not know who may have received the notice in June. The only reason for the rejection is that I left off the title on the new addition, which I have added to the form and returning it to you.

We would greatly appreciate the waiving of the additional fees.

If you need to reach me please call me at 305-823-0072.

Thank you,



Eileen Cohen, Icam  
Manager