

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90208 001 \*\*\*\*61.25

**DOCUMENT # N96000004335**

1. Entity Name

**BEACON AT 97TH AVENUE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7000 NW 33RD TERRACE  
 MIAMI FL 33122**

**7000 NW 33RD TERRACE  
 MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

**6701 NW 7 STREET**

**P.O. Box 523070**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 190**

City & State

City & State

**MIAMI, FL**

**MIAMI, FL.**

Zip

Country

Zip

Country

**33126**

**MIAMI-DADE**

**33122**

**MIAMI-DADE**

4. FEI Number

**65-0763319**

Applied For

Not Applicable

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

**FAITH, ROBERTO  
 7000 NW 33RD TERRACE  
 MIAMI FL 33122**

Name

Street Address (P.O. Box Number is Not Acceptable)

**6701 NW 7 STREET**

**SUITE 190**

City

**MIAMI**

**FL**

Zip Code

**33126**

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.

**JAN 25 2002**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FAITH, LUCY</b>	
STREET ADDRESS	<b>7000 NW 33RD TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FAITH, ROBERTO</b>	
STREET ADDRESS	<b>7000 NW 33RD TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAGOA, JOSE</b>	
STREET ADDRESS	<b>7000 NW 33RD TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33122</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6701 NW 7 STREET = SUITE 190</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33126</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6701 NW 7 STREET = SUITE 190</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33126</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6701 NW 7 STREET = SUITE 190</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

**JAN 25 2002**

**(305) 261-2400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)