

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90039 044 ****61.25

DOCUMENT # N97000000996

1. Entity Name

THE LA COSTA OF MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5333 COLLINS AVENUE
 MIAMI BEACH FL 33140**

**306 ALCAZAR AVE STE 303
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0639960

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

**GLOBAL INVESTMENT PROPERTIES, INC.
 5333 COLLINS AVENUE, SUITE 707
 MIAMI BEACH FL 33140**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 KAZANJIAN, EDWARD
 5333 COLLINS AVENUE # 809
 MIAMI BEACH FL 33140** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**HAKAN WRETSELL DVP
 5333 COLLINS AVE #202
 MIAMI BEACH, FL 33140** ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 RAYNARD, ROBERT
 5333 COLLINS AVENUE # 601
 MIAMI BEACH FL 33140** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Gloria Fernandez DVP
 5333 COLLINS AVE #401
 MIAMI BEACH FL 33140** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DS
 FERNANDEZ, JOHN
 5333 COLLINS AVENUE
 MIAMI BEACH FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02
 Date

Daytime Phone #

CR2E037 (9/01)