

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90111 043 ****61.25

DOCUMENT # N98000004179

1. Entity Name

1500 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1500 OCEAN DRIVE
 MIAMI BEACH FL 33139
 US

1500 OCEAN DRIVE
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0871783

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FIorentino, FRANK
1500 OCEAN DRIVE
APT 1107
MIAMI BEACH FL 33139

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

Frank Fiorentino

3/12/02

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
 NAME: FLORENTINO, FRANK
 STREET ADDRESS: 1500 OCEAN DRIVE APT 1107
 CITY-ST-ZIP: MIAMI BEACH FL 33139
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: VPD
 NAME: LEIBOWITZ, MARK
 STREET ADDRESS: 1042 SW 57TH COURT
 CITY-ST-ZIP: MIAMI FL 33156
 Delete

TITLE: VPD
 NAME: Hank Bush
 STREET ADDRESS: 1500 Ocean Drive Apt 709
 CITY-ST-ZIP: Miami Beach Fla 33139
 Change Addition

TITLE: TD
 NAME: OBERLIN, CLIFF
 STREET ADDRESS: 127 COUNTRY CLUB RD
 CITY-ST-ZIP: BRYAN OH 43506
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: SD
 NAME: ROSENBAUM, HAROLD
 STREET ADDRESS: 53 LEPANE LN
 CITY-ST-ZIP: MONTVILLE NJ 07045
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: D
 NAME: MORENO, ALEX
 STREET ADDRESS: 1500 OCEAN DRIVE APT 906
 CITY-ST-ZIP: MIAMI BEACH FL 33139
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 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:

Frank Fiorentino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
 Date

Daytime Phone #

CR2E037 (9/01)