

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004661

1. Entity Name

THE GRAND VENETIAN CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

03-20-2000 90111 042 ****61.25
 09-18-2000 90003 043 ****61.25

Principal Place of Business

17315 COLLINS AVE.
 SUNNY ISLES BEACH FL 33160

Mailing Address

17315 COLLINS AVE.
 SUNNY ISLES BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

LEVIN, JENNIFER
C/O BEDZOW, KORN, BROWN ET AL
20803 BISCAYNE BLVD., STE. 200
AVENTURA FL 33180

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 **PD**
LEVIN, JENNIFER
 STREET ADDRESS **20803 BISCAYNE BLVD., STE. 200**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **MANAGER**
GILBERT BENHAMOU
 STREET ADDRESS **20803 BISCAYNE BLVD #200**
 CITY-ST-ZIP **AVENTURA, FL. 33180**

TITLE Delete
 NAME **VD**
SERGILE, JUDITH
 STREET ADDRESS **20803 BISCAYNE BLVD., STE. 200**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD**
CUSACK, LORRY A
 STREET ADDRESS **20803 BISCAYNE BLVD., STE. 200**
 CITY-ST-ZIP **AVENTURA FL 33180**

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

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 information.

SIGNATURE:

SIGNATURE: JENNIFER LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00

305-674-1901

Date

Daytime Phone #

CR2E037 (5/00)