

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90261 013 ****61.25

DOCUMENT # N99000004661

1. Entity Name
 The Grand Venetian Condominium Association, Inc.

Principal Place of Business Mailing Address
 47315 Collins Avenue 47315 Collins Avenue
 Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160

2. Principal Place of Business 3. Mailing Address
 10 Venetian Way 1688 Meridian Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 506

City & State City & State
 Miami Beach, FL Miami Beach, FL

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country
 33139 USA 33139 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Jennifer Levin
 c/o Bedzew, Korn, Brown et al
 20803 Biscayne Blvd., Suite 200
 Aventura, FL 33180

7. Name and address of New Registered Agent
 Name
 Registered Agents of Florida, LLC
 Street Address (P.O. Box Number is Not Acceptable)
 100 SE 2nd Street
 Suite 3500
 City Zip
 Miami FL 33131

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 Howard J. Vogel, VP 7/12/01
 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jennifer Levin 20803 Biscayne Blvd., Suite 200 Aventura, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST Gilbert Benhamou 1688 Meridian Avenue, Suite 506 Miami Beach, Florida 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Judith Sergile 20803 Biscayne Blvd., Suite 200 Aventura, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Veronique Damseaux 1688 Meridian Avenue, Suite 506 Miami Beach, Florida 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lorry A. Cusack 20803 Biscayne Blvd., Suite 200 Aventura, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ken Stewart 1688 Meridian Avenue, Suite 506 Miami Beach, Florida 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Gilbert Benhamou, Secretary 7/12/01 305-695-1212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #