

Apr 28 03 12:08p
CONTINENTAL

GRAND VENETIAN
Fax: 9549251116

5/17
Apr

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-01-2003 91000 003 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

44003721

DOCUMENT # N99000004661 (L)
1. Entity Name THE GRAND VENETIAN CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Principal Place of Business 10 VENETIAN WAY (MIAMI) MANAGEMENT OFFICE MIAMI BEACH, FL	4. Mailing Address 10 VENETIAN WAY MANAGEMENT OFFICE MIAMI BEACH, FL
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5. FEI Number 65-1148668	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name: SKRLD, Inc. Street Address (P.O. Box Number is not Acceptable): 201 Alhambra Circle #1102 City: Coral Gables FL Zip Code: 33134	

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IN THIS SPACE**

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 SKRLD, Inc. by Lisa A. Lerner <i>Lerner</i>	DATE 6/4/03

<input type="checkbox"/> I am the sole proprietor of this UBR.	9. Election Campaign Financing Total Fund Contribution: <input type="checkbox"/> \$5.00 may be added to Fees	State Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT	NAME ALAN LESSLER	TITLE	NAME
STREET ADDRESS 10 VENETIAN WAY, UNIT 1802	STREET ADDRESS MIAMI BEACH, FL 33139	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE VICE-PRESIDENT / TREASURER	NAME KEITH HARK	TITLE	NAME
STREET ADDRESS 10 VENETIAN WAY, UNIT 2505	STREET ADDRESS MIAMI BEACH, FL 33139	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE SECRETARY	NAME REBECCA MONROE	TITLE	NAME
STREET ADDRESS 10 VENETIAN WAY, PH-2	STREET ADDRESS MIAMI BEACH, FL 33139	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information submitted with this report complies with the requirements 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. If I am an officer or director of the Corporation or the not-for-profit subject empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, I am an officer or director.	
SIGNATURE: <i>Carlos Sanchez</i>	DATE: 4/28/03

CARLOS SANCHEZ

Alan Lessler
MR. ALAN LESSLER

6/2/03 BOARD OF DIRECTORS
PRESIDENT