

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90101 033 ****61.25

DOCUMENT # **N950000008603**

1. Entity Name

ST. LOUIS CONDOMINIUM INC.
Associates

Principal Place of Business

Mailing Address

800 CLAUGHTON ISLAND DRIVE
MIAMI FL 33131

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0558472

Applied For

Not Applicable

Zip **33131**

Country **USA**

Zip **33131**

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

Name

DAVID ROTHSTEIN

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH DISCAYNE BLVD.

City

MIAMI

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/2000
 DATE

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	GLORIA DECKARD	<input type="checkbox"/> Delete
NAME	PRESIDENT	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANKLIN Mcgee	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JAMES GAETJENS	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	SERGIO MORONI	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	EDWARD ZAHRAWITZ	
STREET ADDRESS	800 CLAUGHTON ISLAND DRIVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)