## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N9400001352 1. Entity Name WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, IN 01-30-2001 90145 005 \*\*\*\*61.25 Principal Place of Business Mailing Address 16701 COLLINS AVE. 3850 HOLLYWOOD BLVD MIAMI BEACH FL 33160 SUITE 400 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0490691 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street:Address (P.O.:Box.Number is Not Acceptable) ------CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD., STE 400 HOLLYWOOD FL 33021 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CORNFELD, ROBERT M NAME STREET ADDRESS STREET ADDRESS 3850 HOLLYWOOD BLVD., SUITE 400 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE DST ☐ Delete Change ■ Addition Shepherd, John 16-101 Collins Ave NAME SHEPHERD, JOHN STREET ADDRESS 16701 COLLINS AVE. STREET ADDRESS Miami Beach H 33160 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33160 VP ST TITLE ☐ Delete TITLE Change ☐ Addition CORNFELD, JEFFREY D NAME CORNFELD JEffrayD. NAME 3850 Hollywood Blud , Suite 400 STREET ADDRESS STREET ADDRESS 3850 HOLLYWOOD BLVD., SUITE 400 Hollywood-, F1-33021 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD.FL.33021\_ Delete TITLE Change ☐ Addition TITLE NAME SIEGEL, DAVID NAME STREET ADDRESS STREET ADDRESS 5601 WINDHOVER DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

CER OR DIRECTOR Robert M. Cornfeld